

Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |                         |  |         |                         |          |
|-----------------------------------|-------------------------|--|---------|-------------------------|----------|
| Jane Addison.                     |                         | Anne Arundel County                              |         | MARYLAND                |          |
| Died at Odenton.                  |                         | Anne Arundel County                              |         | MARYLAND                |          |
| Date of death                     | Month                   | Day  | Years   | Months                  | Days     |
| 1903                              | 12                      | 02   | Age     | 2                       | 15       |
| Sex                               | Female                  | Color or Race                                    | African | Birth-place             | Maryland |
| Occupation                        | Infant                  | Where Residing if not at place of death<br>" " " |         |                         |          |
| Married, Single or Widowed        | Name of Wife or Husband |  |         |                         |          |
| Father's Name                     | Alfred Addison II       |  |         | Father's Birthplace     | Maryland |
| Mother's Maiden Name              | Mary Robinson 93        |  |         | Mother's Birthplace     | " " "    |
| Name of person giving information | Mary Robinson           |  |         | How related to deceased | Mother   |
| CAUSES OF DEATH                   |                         |  |         |                         |          |
| Primary                           | Deep Cold               |  |         | How long                | 2 Weeks  |
| Immediate                         | Pneumonia               |  |         | How long                |          |

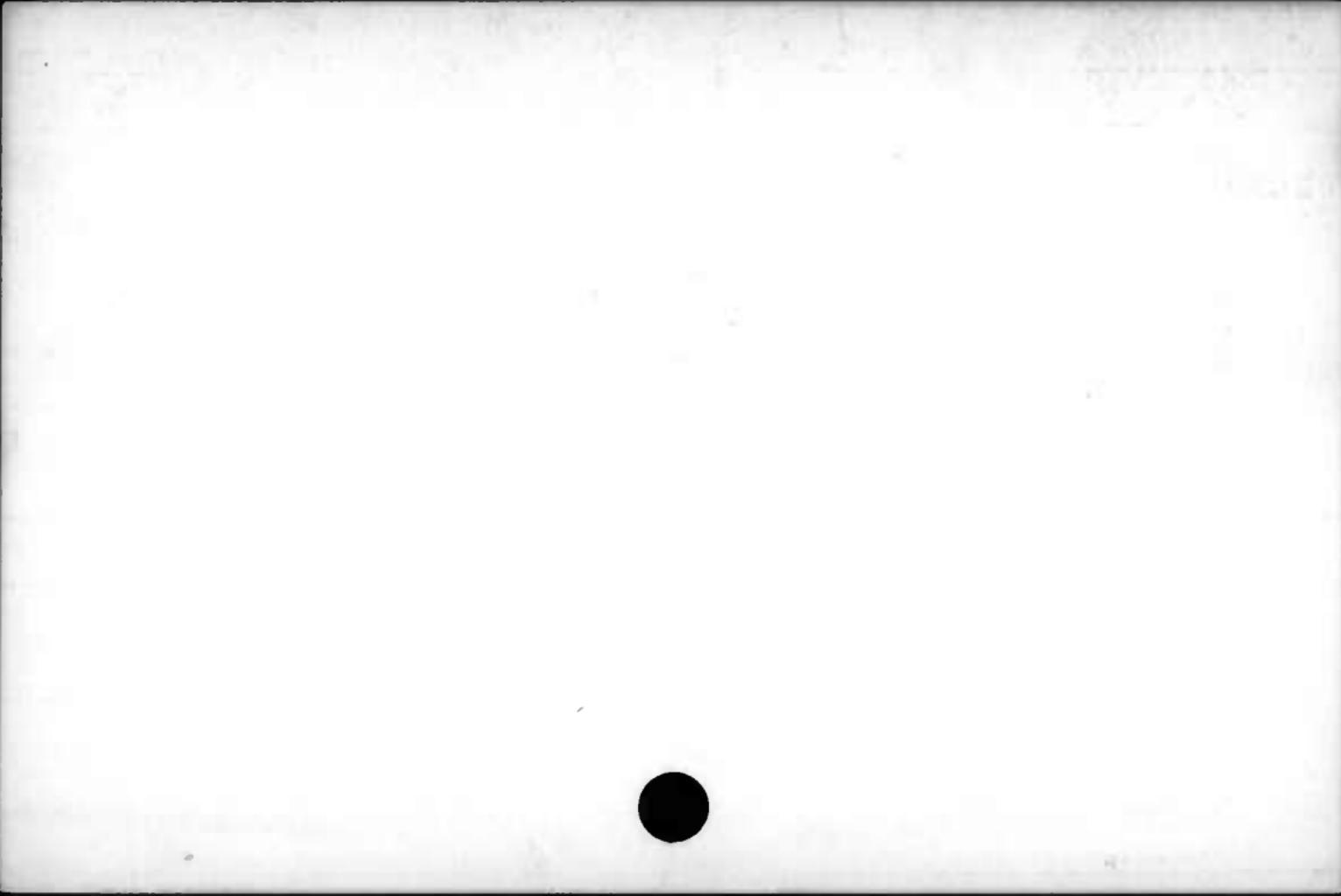
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

ED Joyce Seal  
Justice Wm. Penn. Act. Coroner  
Millersville Md -

Accident or Suicide?



Name  
in  
Full

Wm Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |                     |                    |          |                         |        |
|--|---------------------|--------------------|----------|-------------------------|--------|
| Died at                                | Town                | County             | MARYLAND |                         |        |
| Died at                                | Crofton Bay         | Anne               |          |                         |        |
| Date of death 1903                     | Month 12            | Day 4              | Years 36 | Months -                | Days - |
| Sex Male                               | Color or Race white | Birth-place Sweden |          |                         |        |
| Married, Single or Widowed Married     | Occupation Moulder  |                    |          |                         |        |
| Name of Wife or Husband Annie Anderson |                     |                    |          | Father's Birthplace     | -      |
| Father's Name -                        |                     |                    |          | Mother's Birthplace     | -      |
| Mother's Maiden Name -                 |                     |                    |          | How related to deceased | 93     |
| Name of person giving information -    |                     |                    |          |                         |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |               |          |        |
|-----------|---------------|----------|--------|
| Primary   | Pneumonia     | How long | 6 days |
| Immediate | Heart Failure | How long | -      |

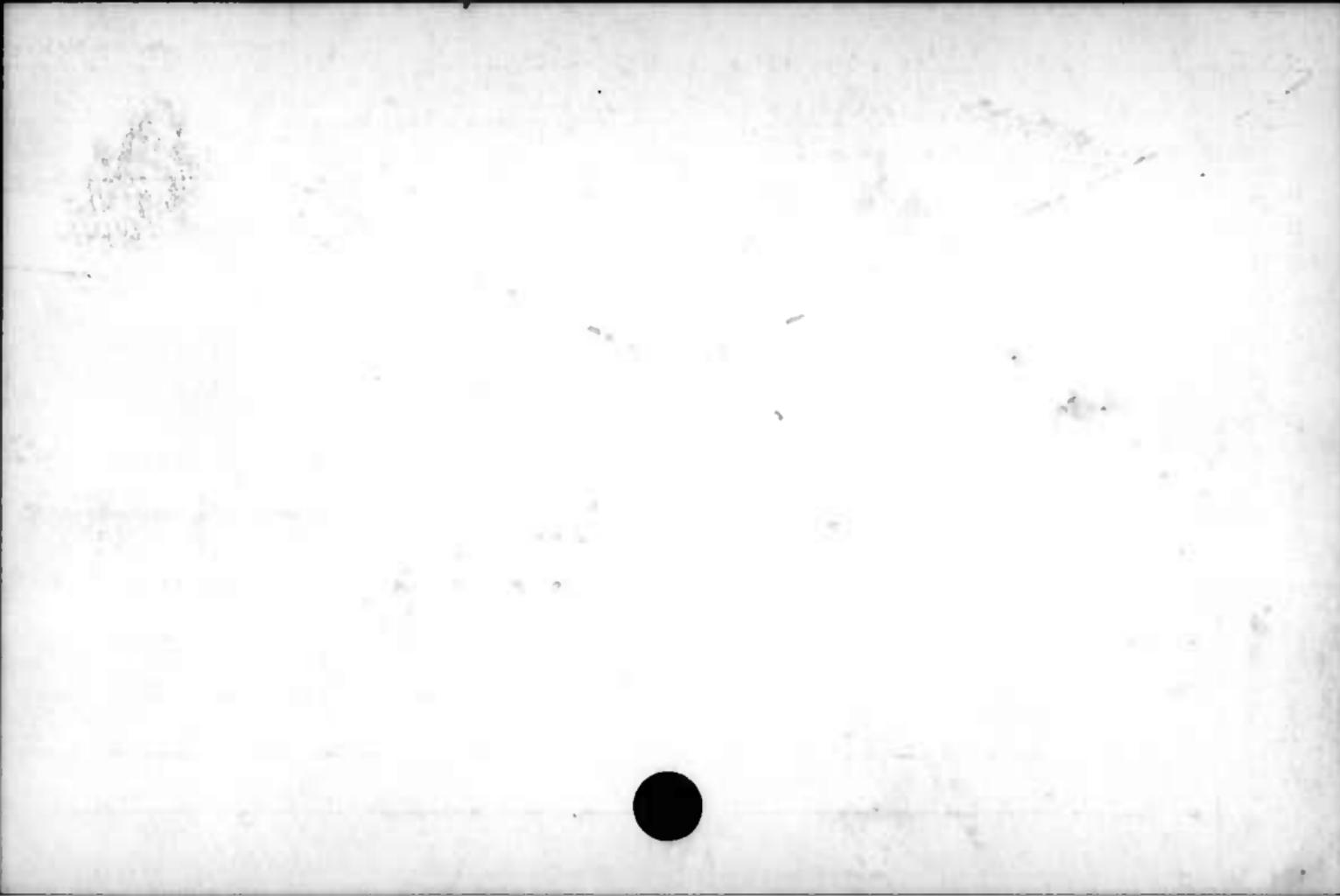
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. H. Brodole

Accident or Suicide?



Name  
in  
Full

Francis Allard Beach

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |       |                     |        |       |                         |      |  |
|-----------------------------------|-------|---------------------|--------|-------|-------------------------|------|--|
| Died at                           |       | Town                | County |       | MARYLAND                |      |  |
| Date of death 1903                | Dec 6 | Month               | Day    | Years | Months                  | Days |  |
| Sex                               | Male  | Color or Race       | white  | Age   | Birth-place             |      |  |
| Married, Single or Widowed        |       | Occupation          |        |       |                         |      |  |
| Name of Wife or Husband           |       |                     |        |       |                         |      |  |
| Father's Name                     |       | Chas. L. Beach      |        |       | Father's Birthplace     |      |  |
| Mother's Maiden Name              |       | Gertrude Gibbs      |        |       | Mother's Birthplace     |      |  |
| Name of person giving information |       | Mrs. Chas. L. Beach |        |       | How related to deceased |      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tubercular Laryngitis

How long

Two months

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Sworn & Subscribed,  
Annapolis,  
Md.

Accident or Suicide?

Recorded

Martha B. Brashaw

## CERTIFICATE OF DEATH

|                                   |                 |               |   |                |           |      |
|-----------------------------------|-----------------|---------------|---|----------------|-----------|------|
| Died at                           |                 | Town          | County                                  |                | MARYLAND  |      |
| Died at                           | Annapolis       | Anne Arundel  |   |                |           |      |
| Date of death                     | 1903            | Month Dec.    | Day 25.                                 | Years          | Months    | Days |
| Age                               |                 |               |   |                | 1         |      |
| Sex                               | Female          | Color or Race | white                                   | Birth-place    | Annapolis |      |
| Occupation                        |                 |               | Where Residing if not at place of death |                |           |      |
| Married, Single or Widowed        |                 |               | Name of Wife or Husband                 |                |           |      |
| Father's Name                     | Lillian Brashaw |               | Father's Birthplace                     | Balto.         |           |      |
| Mother's Maiden Name              | Helen S. Ryoe   |               | Mother's Birthplace                     | Prince Geo Co. |           |      |
| Name of person giving information | Father          |               | How related to deceased                 | Do-            |           |      |

## CAUSES OF DEATH

Primary

Imperfect Circulation &amp; Inanition Since birth

How long

Immediate

Asthma &amp; Heart Failure Since birth

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

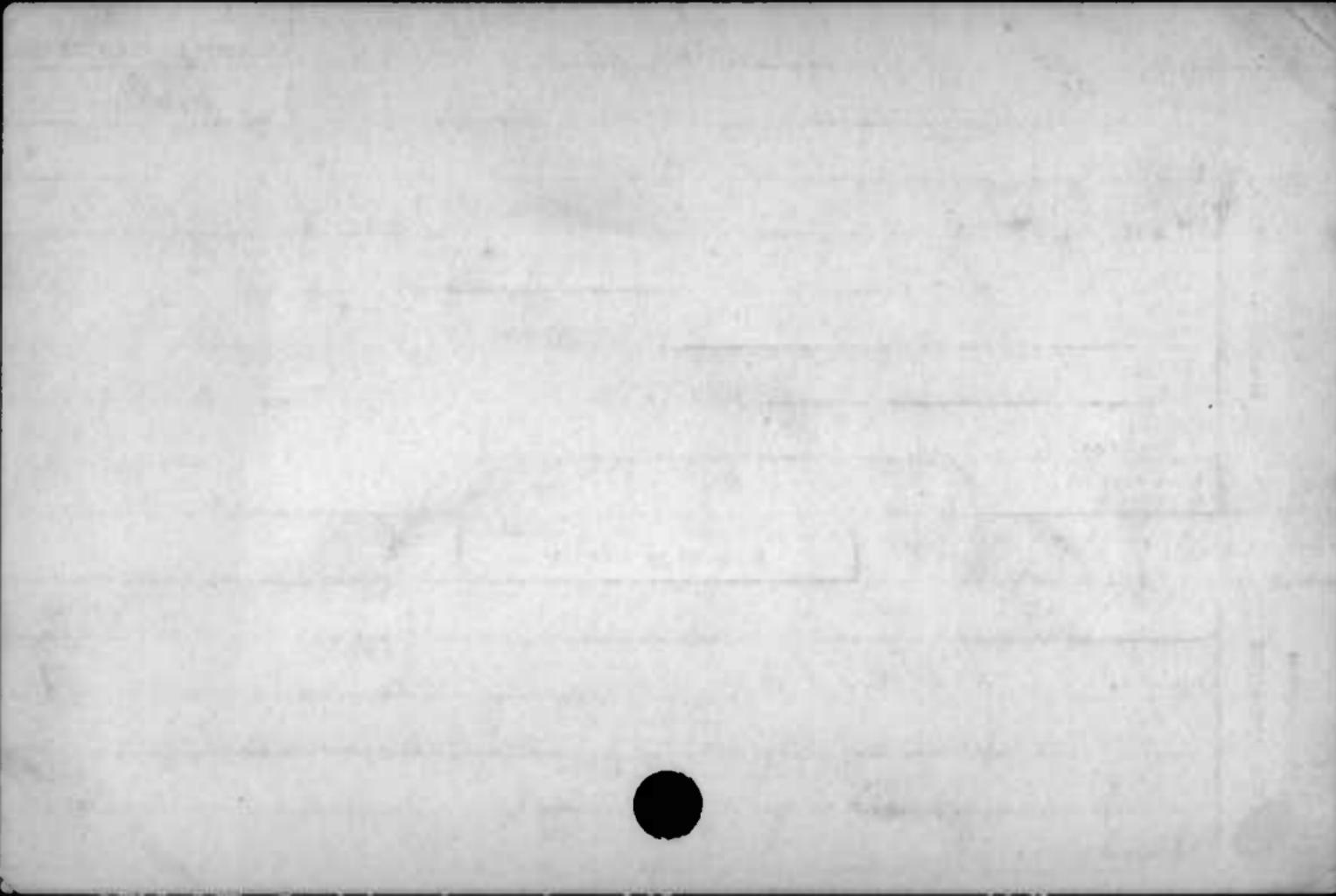
Signature of Physician

Address

Chas. S. Hanke  
Annapolis, Maryland

Accident or Suicide?

Neither



Name  
in  
Full

Matilda A Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                   |   |                   |          |             |           |  |
|-----------------------------------|-------------------|---|-------------------|----------|-------------|-----------|--|
| Died at                           |                   | Town                                    | County            |          | MARYLAND    |           |  |
| Date of death                     | 1903              | Month Dec                               | Day 14            | Years 42 | Months 1    | Days 18   |  |
| Sex                               | Female            | Color or Race                           | Colored           |          | Birth-place | Annapolis |  |
| Occupation                        | Domestic          | Where Residing if not at place of death |                   |          | —           |           |  |
| Married, Single or Widowed        | Married           | Name of Wife or Husband                 | Joseph S. Carroll |          |             |           |  |
| Father's Name                     | Henry Bias        | Father's Birthplace                     |                   |          | Annapolis   |           |  |
| Mother's Maiden Name              | Catherine Bias 19 | Mother's Birthplace                     |                   |          | ..          |           |  |
| Name of person giving Information |                   | How related to deceased                 |                   |          |             |           |  |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

|  |                |                        |
|--|----------------|------------------------|
| Primary  | Cardiac Asthma | How long               |
| Immediate  | Heart failure  | How long               |
| Are the name, age, sex, color, date and place correctly given above? |                | Signature of Physician |
| yes  |                | Address                |
|  |                | 14 Church Circle       |
|  |                | John N Davis, Coroner  |
| Accident or Suicide?   |                |                        |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Henry Caulk

CERTIFICATE OF DEATH

|                                   |             |               |        |   |             |      |  |
|-----------------------------------|-------------|---------------|--------|---|-------------|------|--|
| Died at                           |             | Town          | County |   | MARYLAND    |      |  |
| Date of death                     | 1903 Dec    | Month         | Day    | Years                                   | Months      | Days |  |
| Sex                               | Hale        | Color or Race | White  |   | Birth-place |      |  |
| Occupation                        | Walrusman   |               |        | Where Residing if not at place of death |             |      |  |
| Married, Single or Widowed        | widowed     |               |        | Name or Wife or Husband                 |             |      |  |
| Father's Name                     |             |               |        | 19                                      |             |      |  |
| Mother's Maiden Name              |             |               |        | Father's Birthplace                     |             |      |  |
| Name of person giving information | Wm H. Caulk |               |        | Mother's Birthplace                     |             |      |  |
|                                   |             |               |        | How related to deceased                 |             |      |  |
| Son                               |             |               |        |   |             |      |  |

CAUSES OF DEATH

|           |               |          |        |
|-----------|---------------|----------|--------|
| Primary   | Heart disease | How long | 1 year |
| Immediate | Old Age       | How long |        |

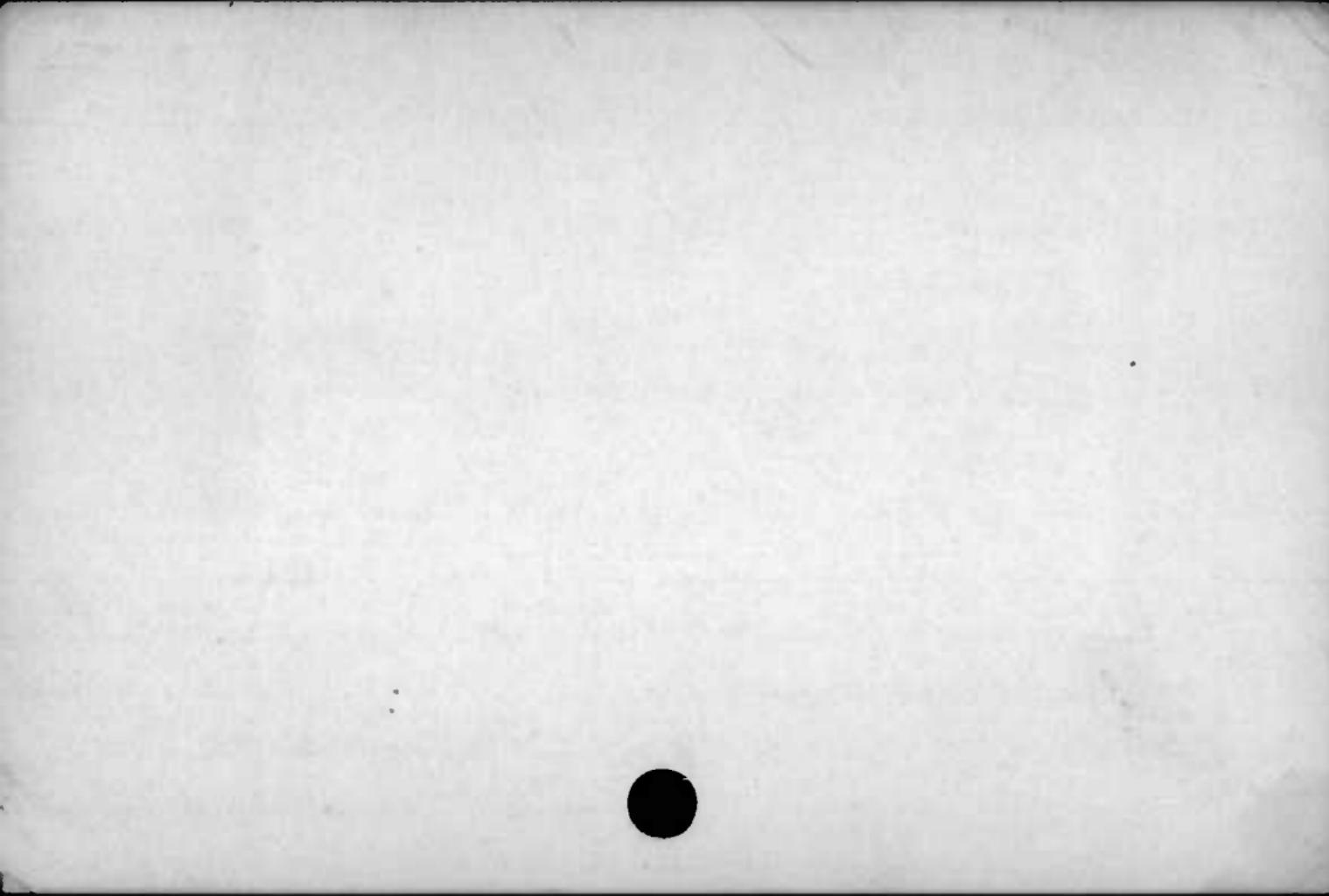
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Geo. Wells M.D.  
Annapolis  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

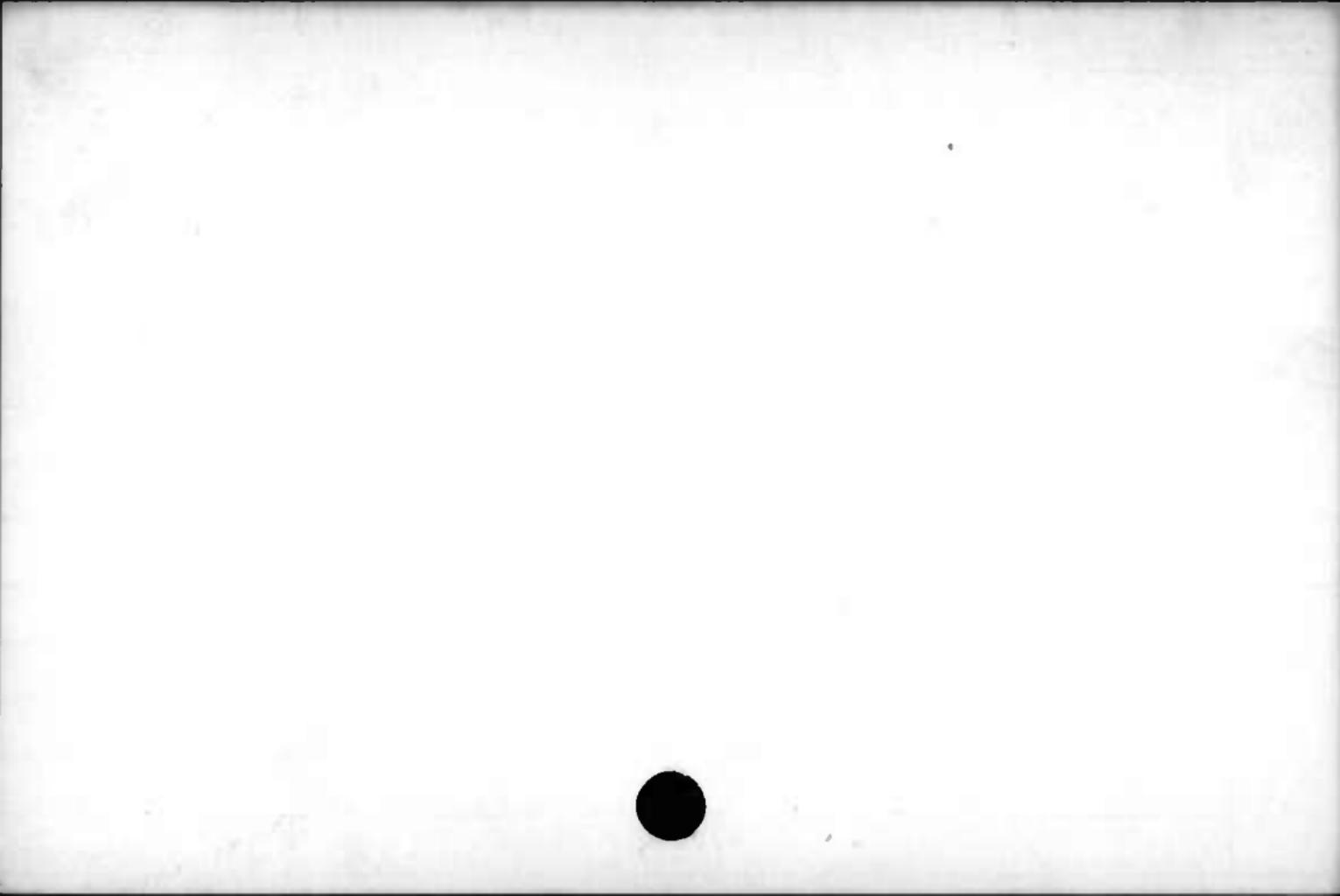
Caroline Chapman

CERTIFICATE OF DEATH

|   |   |   |                 |          |      |
|---|---|---|-----------------|----------|------|
| Died at <u>Waterbury</u>                            |   | Town <u>A. A-</u> County                |                 | MARYLAND |      |
| Date of death <u>1903</u>                           | Month <u>Dec.</u>                           | Day <u>13</u>                           | Years <u>24</u> | Months   | Days |
| Sex <u>Female</u>                                   | Color or Race <u>Black</u>                  | Birth-place <u>Mo</u>                   |                 |          |      |
| Occupation <u>Housewife</u>                         | Where Residing if not at place of death     |   |                 |          |      |
| Married, Single or Widowed <u>Married</u>           | Name of Wife or Husband <u>John Chapman</u> | Father's Birthplace <u>A. A. Co. Mo</u> |                 |          |      |
| Father's Name <u>Benny Jordan</u>                   | Mother's Birthplace                         |   |                 |          |      |
| Mother's Maiden Name <u>Sally Diggs</u>             | How related to deceased <u>Uncle</u>        |   |                 |          |      |
| Name of person giving information <u>John Diggs</u> |   |   |                 |          |      |

CAUSES OF DEATH

|  |   |
|--|---|
| Primary <u>Typhoid fever.</u>  | How long <u>10 days</u>   |
| Immediate <u>Paroxysmal intestinal</u>   | How long <u>one day -</u>   |
| Are the name, age, sex, color, date and place correctly given above?<br><u>Yes</u> | Signature of Physician <u>A. J. Blaunt</u><br>Address <u>Wellesvile</u> |
| Accident or Suicide?   |   |



Name  
in  
Full

John W. Edwards

CERTIFICATE OF DEATH

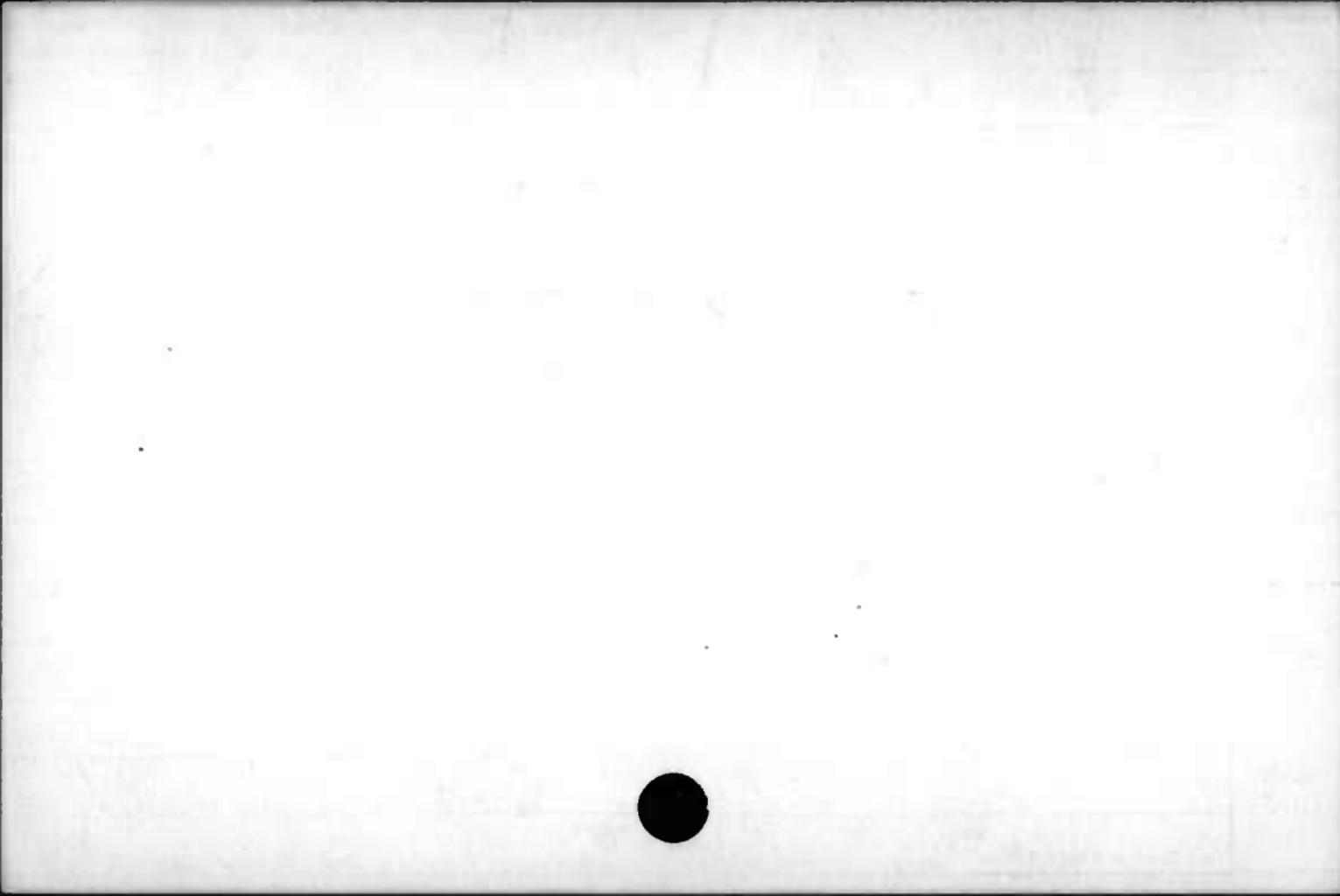
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |               |                         |                     |  |           |  |
|-----------------------------------|---------------|-------------------------|---------------------|--|-----------|--|
| Died at                           | Town          |                         | County              |  | MARYLAND  |  |
| Date of death                     | Month         | Day                     | Years               | Months   | Days      |  |
| Sex                               | male          | Color or Race           | white               | Birth-place  | Ohio      |  |
| Occupation                        | U. S. Marine  |                         |                     | Where Residing if not at place of death<br>Marine Barracks, Wash. D.C. |           |  |
| Married, Single or Widowed        | Single        | Name of Wife or Husband | —                   | Father's Name  | not known |  |
| Mother's Maiden Name              | not known     | 66                      | Father's Birthplace | not known  |           |  |
| Name of person giving information | S. R. Mundell |                         |                     | Mother's Birthplace  | not known |  |
| How related to deceased           | none          |                         |                     | How long   | —         |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                              |                        |                         |
|--|------------------------------|------------------------|-------------------------|
| Primary  | Fall from Pennsylvania train |                        | How long                |
| Immediate  | do                           |                        | How long                |
| Are the name, age, sex, color, date and place correctly given above? | yes                          | Signature of Physician | Lemuel G. Kelbaugh, Jr. |
|  |                              | Address                | Harmans, Maryland       |
| Accident or Suicide?   | Accident                     |                        |                         |
| Coroner  |                              |                        |                         |



Name  
in  
Full

Mari Elizabeth Hall

CERTIFICATE OF DEATH

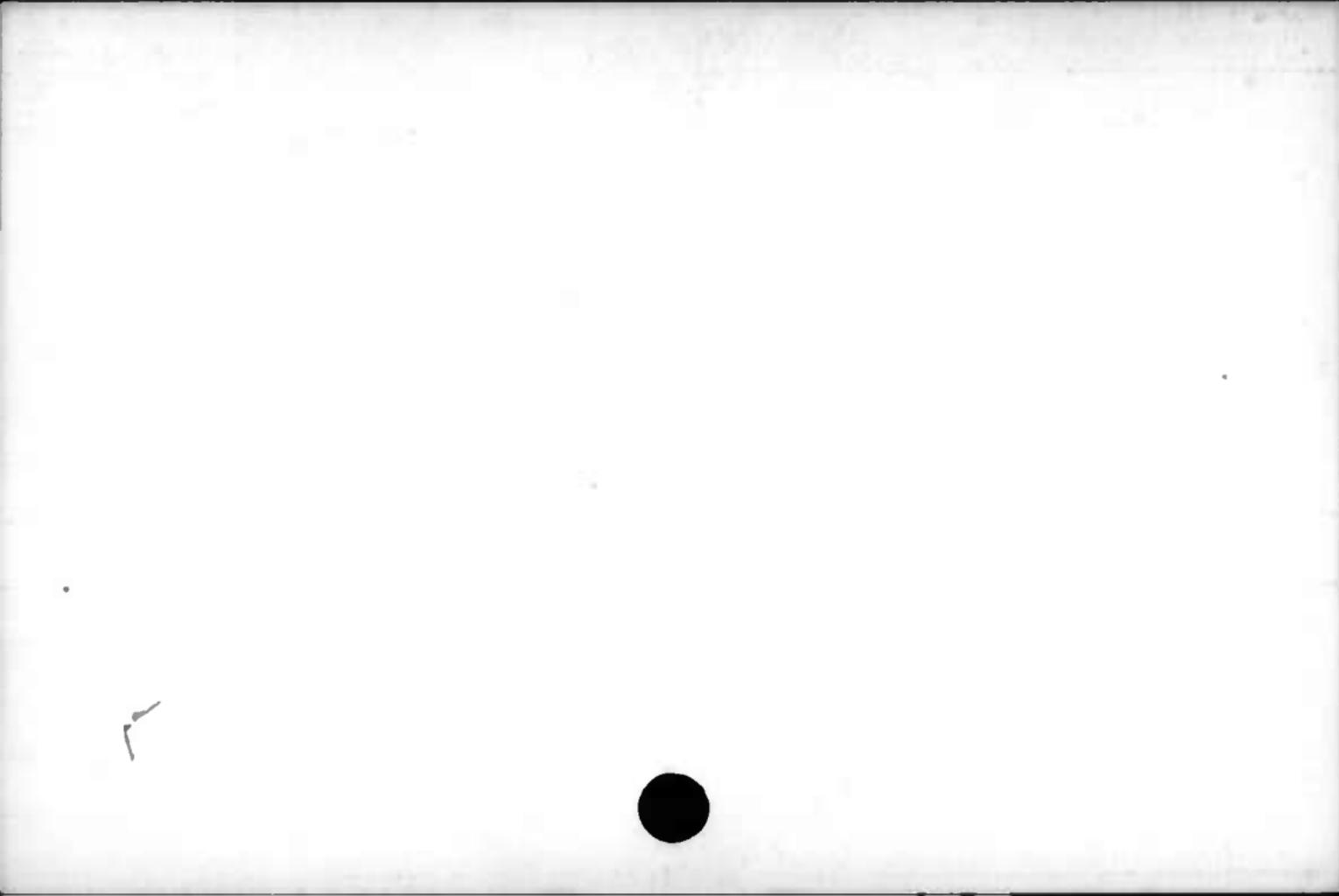
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                               |         |           |      |
|-----------------------------------|---|-------------------------------|---------|-----------|------|
| Town                              | County                                  |                               |         |           |      |
| Died at Odenton                   | Anne Arundel MARYLAND                   |                               |         |           |      |
| Date of death 1903                | Month 12                                | Day 8                         | Years 5 | Months 11 | Days |
| Sex female                        | Color or Race African                   | Birth-place Bowie P.G. County |         |           |      |
| Occupation                        | Where Residing if not at place of death |                               |         |           |      |
| Married, Single or Widowed        | X                                       |                               |         |           |      |
| Father's Name                     | Patrick Hall 40                         |                               |         |           |      |
| Mother's Maiden Name              | Emmapham Bounds                         |                               |         |           |      |
| Name of person giving information | Josephine Bounds                        |                               |         |           |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                   |                                   |
|--|-------------------|-----------------------------------|
| Primary  | Gastritis         | How long 3 Months                 |
| Immediate  | Cancer of Stomach | How long One week                 |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician<br>Address |
| Yes  |                   | J.W. Dr Boisard<br>Gambills Old   |
| Accident or Suicide?   |                   |                                   |



Name  
in  
Full

Amayday Hartlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                             |                 |                 |               |
|--|--|-----------------------------|-----------------|-----------------|---------------|
| Died at <u>Brooklyn</u> Town                         |  | <u>A A</u> County           |                 | MARYLAND        |               |
| Date of death <u>1903</u>                            | Month <u>12</u>  | Day <u>15</u>               | Years <u>67</u> | Months <u>—</u> | Days <u>—</u> |
| Sex <u>Female</u>                                    | Color or Race <u>White</u>                                 | Birth-place <u>Virginia</u> |                 |                 |               |
| Occupation <u>Housewife</u>                          | Where Residing if not at place of death <u>Brooklyn Md</u> |                             |                 |                 |               |
| Married, Single or Widowed <u>Widow</u>              | Name of Wife or Husband                                    | Crack Startlow              |                 |                 |               |
| Father's Name <u>Jeffrey, Smith</u>                  | Father's Birthplace <u>Virginia</u>                        |                             |                 |                 |               |
| Mother's Maiden Name <u>Sarah</u>                    | Mother's Birthplace <u>Virginia</u>                        |                             |                 |                 |               |
| Name of person giving information <u>Ses A Smith</u> | How related to deceased <u>Brother</u>                     |                             |                 |                 |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Griffith</u>   | How long <u>6 days</u>                   |
| Immediate <u>Malaria</u>  | How long <u>3 days</u>                   |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>W. Johnson</u> |
|   | Address <u>Brooklyn Md</u>               |
| Accident or Suicide? <u>No</u>  |  |



Name  
in  
Full

Caroline Haste

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |               |         |             |                         |         |  |
|-----------------------------------|--------------|---------------|---------|-------------|-------------------------|---------|--|
| Died at                           | Town         | a A           |         | County      | MARYLAND                |         |  |
| Date of death 190                 | Month        | Day           | Age     | Years       | Months                  | Days    |  |
| of death 190                      | 3 Dec.       | 22            | -       | -           | -                       | 3       |  |
| Sex                               | Female       | Color or Race | Colored | Birth-place | Annapolis               |         |  |
| Married, Single or Widowed        | single       | Occupation    |         |             |                         |         |  |
| Name of Wife or Husband           |              |               |         |             |                         |         |  |
| Father's Name                     | Harace Haste |               |         |             | Father's Birthplace     | a A co. |  |
| Mother's Maiden Name              | Marry Harris |               |         |             | Mother's Birthplace     | a A co. |  |
| Name of person giving information | Harace Haste |               |         |             | How related to deceased | Father  |  |

• CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |               |          |
|-----------|---------------|----------|
| Primary   | Convulsions - | How long |
| Immediate | Exhaustion    | How long |

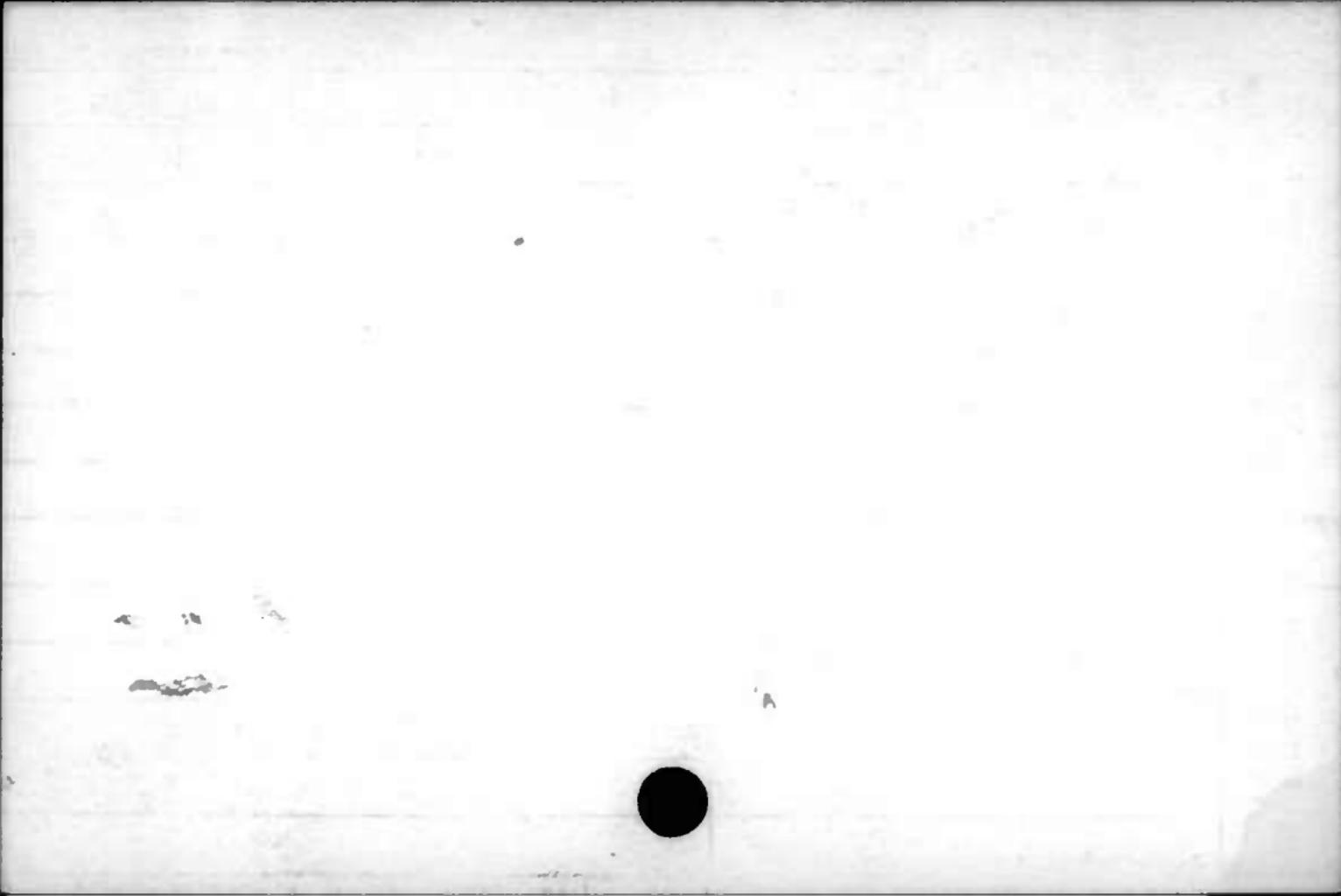
Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

J. A. Adams  
34 Calvert St  
Inn Jingles  
to Health of Annapolis, Md

Accident or Suicide?



Name  
in  
Full

Catherine Henkel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                             |                             |             |          |
|-----------------------------------|---|-----------------------------|-----------------------------|-------------|----------|
| Died at                           | Town                                    | County                      | MARYLAND                    |             |          |
| Date of death 1903                | Month December                          | Day 29                      | Years 72                    | Months Nine | Days Six |
| Sex Female                        | Color or Race White                     | Birth-place Germany         |                             |             |          |
| Occupation Housewife              | Where Residing if not at place of death |                             |                             |             |          |
| Married, Single or Widowed Widow  | Name or Wife or Husband Louis B. Henkel | Father's Birthplace Germany |                             |             |          |
| Father's Name                     |   |                             | Mother's Birthplace Germany |             |          |
| Mother's Maiden Name              |   |                             | How related to deceased Son |             |          |
| Name of person giving information | Chas B. Henkel                          |                             |                             |             |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                            |                                   |                                       |
|--|----------------------------|-----------------------------------|---------------------------------------|
| Primary  | Paralysis & Senility       |                                   | How long 9 months                     |
| Immediate  | Exhaustion & Heart Failure |                                   | How long 36 hours                     |
| Are the name, age, sex, color, date and place correctly given above? | Yes                        | Signature of Physician<br>Address | Chas B. Henkel<br>Annapolis, Maryland |
| Accident or Suicide?   |                            |                                   |                                       |



Name  
in  
Full

Helen Horves

CERTIFICATE OF DEATH

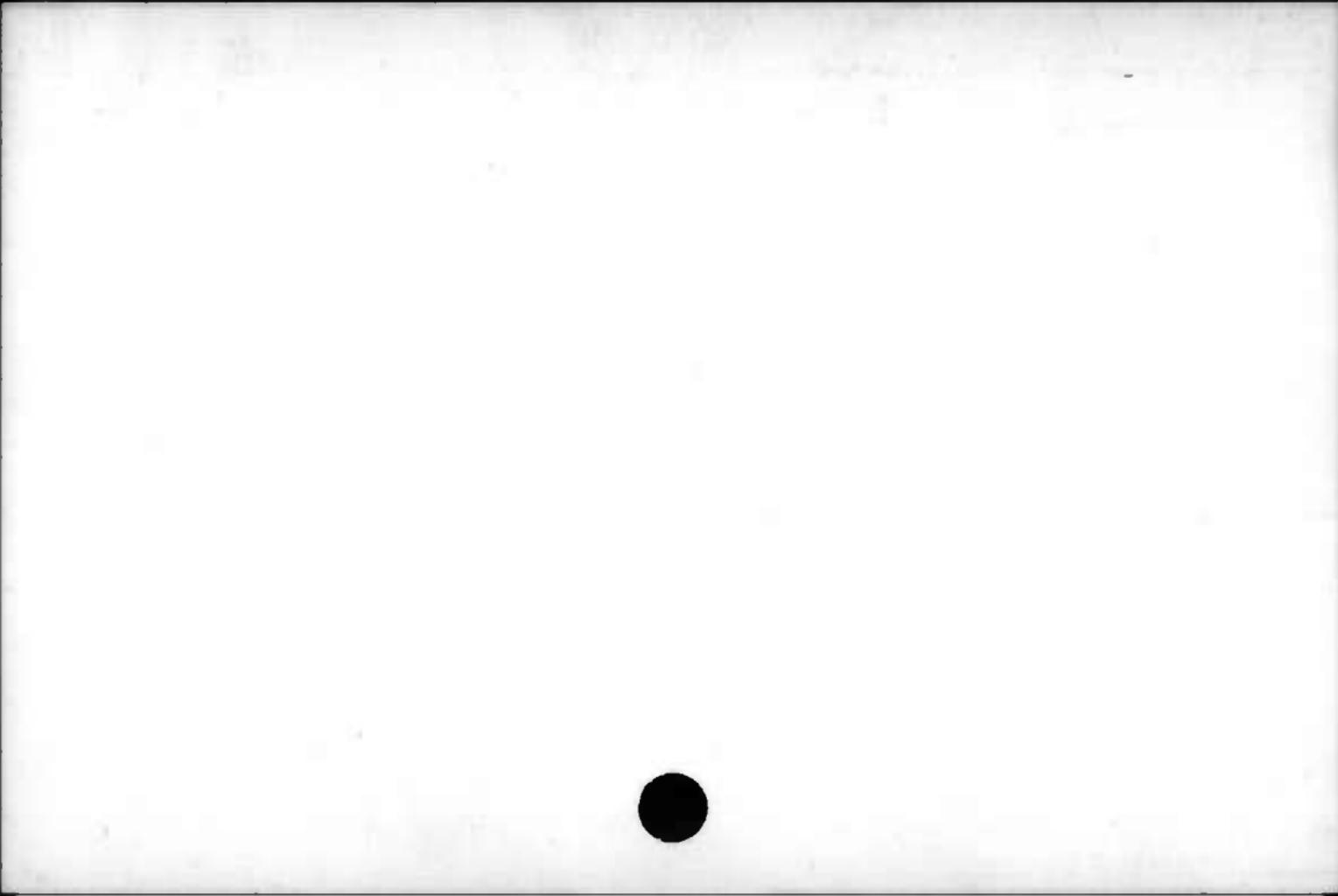
To BE ANSWERED BY  
NEAREST FRIEND

|  |  |                               |                |                 |               |
|--|--|-------------------------------|----------------|-----------------|---------------|
| Died at <u>Chincoteague</u> /Town                            |  | County <u>A</u> <u>A</u>      |                | MARYLAND        |               |
| Date of death <u>1903</u>                                    | Month <u>Dec</u>                                 | Day <u>22</u>                 | Years <u>2</u> | Months <u>9</u> | Days <u>—</u> |
| Sex <u>Female</u>  | Color or Race <u>White</u>                       | Birthplace <u>Md</u>          |                |                 |               |
| Occupation <u>—</u>  | Where Residing if not at place of death <u>—</u> |                               |                |                 |               |
| Married, Single or Widowed <u>Single</u>                     | Name of Wife or Husband <u>—</u>                 | Father's Birthplace <u>Md</u> |                |                 |               |
| Father's Name <u>Malvius E. Horves</u>                       | Mother's Birthplace <u>Md</u>                    |                               |                |                 |               |
| Mother's Maiden Name <u>Elizabeth <del>Horves</del> Ford</u> | How related to deceased <u>Father</u>            |                               |                |                 |               |
| Name of person giving information <u>Malvius E. Horves</u>   |  |                               |                |                 |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Membranous Croup</u>   | How long <u>1 day</u>                          |
| Immediate <u>Strangulation</u>  | How long <u>—</u>                              |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | Signature of Physician <u>Geo T. Bush M.D.</u> |
|   | Address <u>Chincoteague</u>                    |
| Accident or Suicide? <u>—</u>   | <u>Md</u>                                      |



Name  
in  
Full

John Hutchinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                     |                       |          |                         |           |  |
|-----------------------------------|---------------------|-----------------------|----------|-------------------------|-----------|--|
| Died at Annapolis                 |                     | County AA             |          | MARYLAND                |           |  |
| Date of death 1903                | Month Dec           | Day 19                | Years 25 | Months                  | Days      |  |
| Sex Male                          | Color or Race White | Birth-place Annapolis |          |                         |           |  |
| Married, Single or Widowed single | Occupation Printer  |                       |          |                         |           |  |
| Name of Wife or Husband           |                     |                       |          |                         |           |  |
| Father's Name                     | Alec Hutchinson     |                       |          | Father's Birthplace     | Annapolis |  |
| Mother's Maiden Name              | Linnie Vaughan      |                       |          | Mother's Birthplace     | Ireland   |  |
| Name of person giving information | Ida Vaughan         |                       |          | How related to deceased | Aunt      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Aphex

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

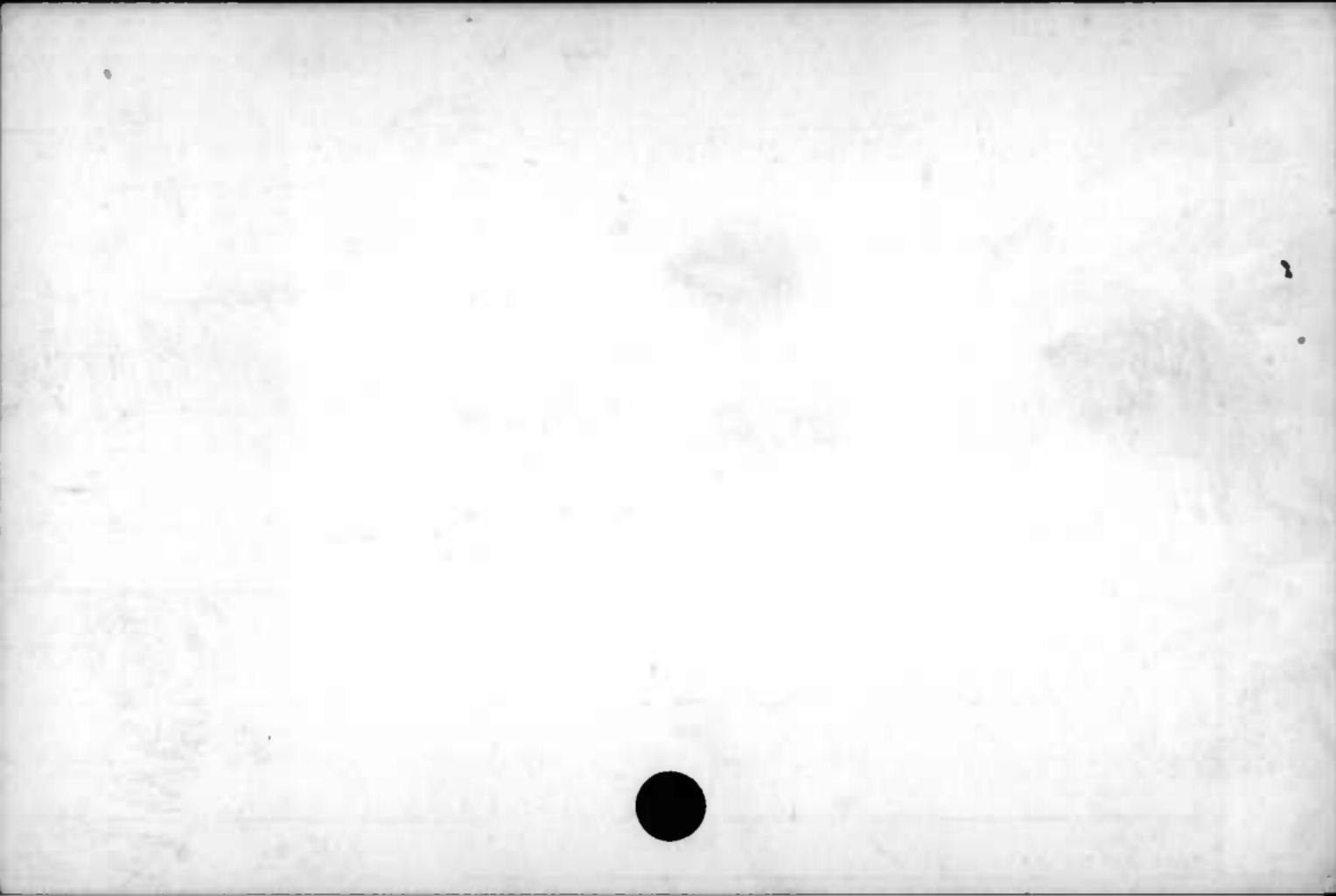
Geo. Wells,

Annapolis

Yes

No.

Accident or Suicide?



Name  
in  
Full

Albert Jarns

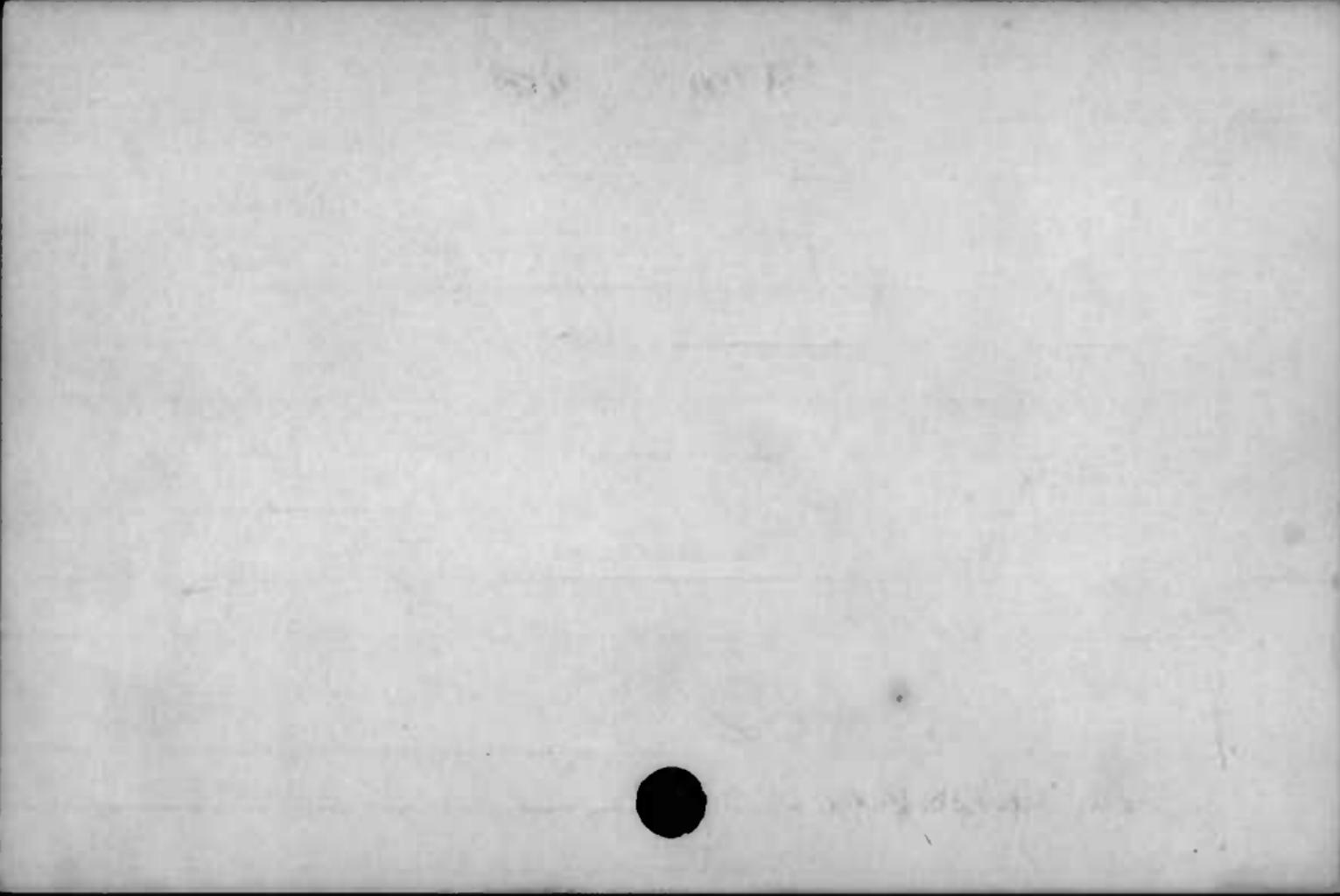
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |               |          |                         |             |
|-----------------------------------|---|---------------|----------|-------------------------|-------------|
| Died at                           | Town                                    | County        | MARYLAND |                         |             |
| Date of death                     | Month                                   | Day           | Years    | Months                  | Days        |
| 1903                              | Dec                                     | 31            | Age 16   | —                       | —           |
| Sex                               | Male                                    | Color or Race | Col —    | Birth-place             | Annapolis   |
| Occupation                        | Where Residing if not at place of death |               |          | —                       |             |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |          | —                       |             |
| Father's Name                     | William Jarns 30                        |               |          | Father's Birthplace     | Annapolis   |
| Mother's Maiden Name              | Emilia Warren                           |               |          | Mother's Birthplace     | Annapolis   |
| Name of person giving information | Elizabeth Warren                        |               |          | How related to deceased | Grandmother |

CAUSES OF DEATH

|  |               |                        |                 |        |
|--|---------------|------------------------|-----------------|--------|
| Primary  | Psoas Abscess |                        | How long        | Months |
| Immediate  | Asthema       |                        | How long        | —      |
| Are the name, age, sex, color, date and place correctly given above? |               | Signature of Physician | John Ridout     |        |
| Yes  |               | Address                | Annapolis<br>MD |        |
| Accident or Suicide?   |               |                        |                 |        |



Name  
in  
Full

Kapatori Rob

## CERTIFICATE OF DEATH

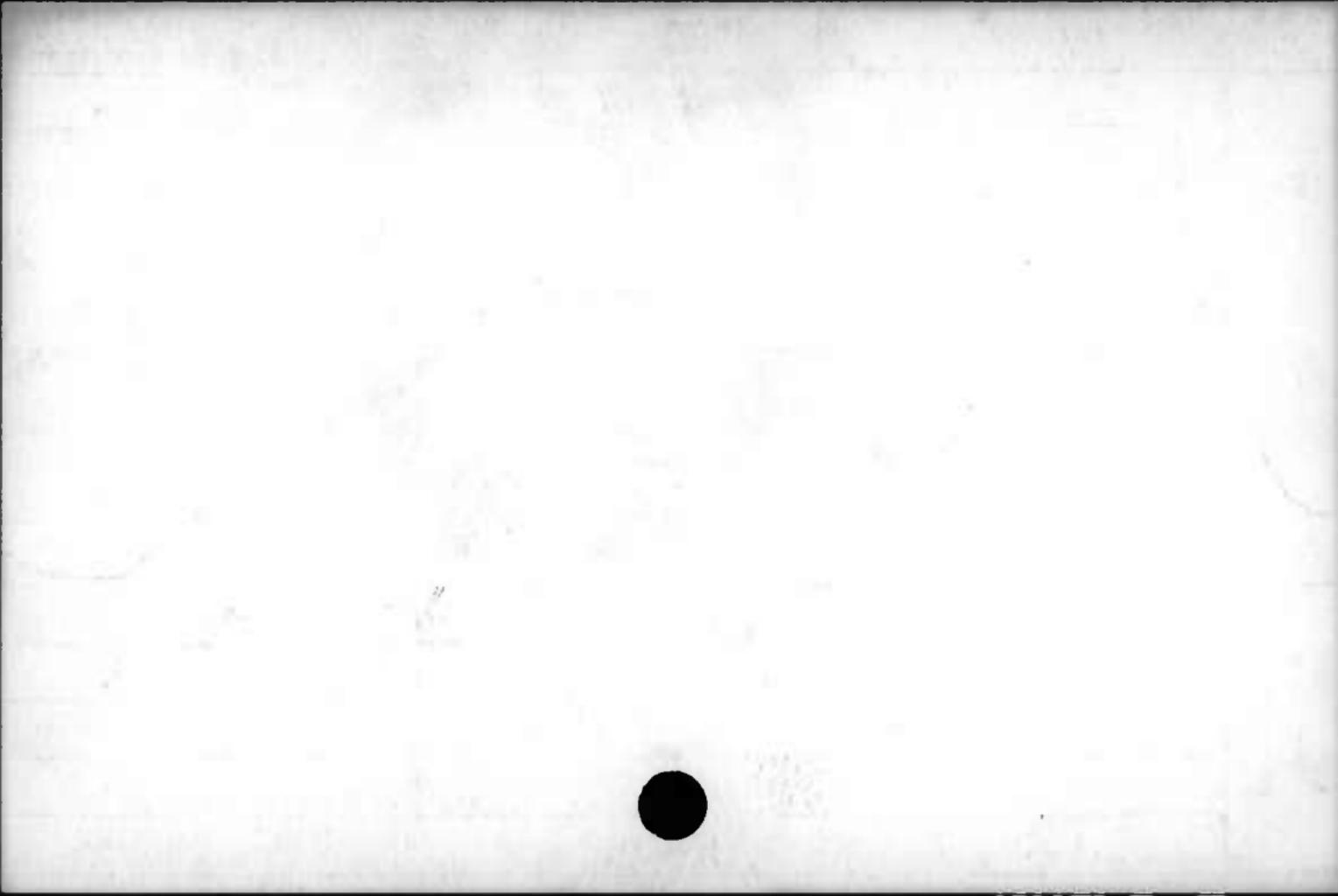
TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                  |                            |  |        |                            |          |      |
|--------------------------------------|------------------|----------------------------|--|--------|----------------------------|----------|------|
| Died at                              |                  | Town                       | A. A.                                      |        | County                     | MARYLAND |      |
| Date of death                        | 1903             | Month Dec.                 | Day 1                                      | Age 59 | Years                      | Months   | Days |
| Sex                                  | Male             | Color or Race              | White                                      |        | Birth-place                | Germany  |      |
| Occupation                           | Miller           |                            | Where Residing if not<br>at place of death |        |                            |          |      |
| Married, Single<br>or Widowed        | Married          | Name of Wife or<br>Husband | Anne Foyston                               |        | Father's<br>Birthplace     | Germany  |      |
| Father's<br>Name                     | Does not know    |                            | 20   |        | Mother's<br>Birthplace     |          |      |
| Mother's<br>Maiden Name              | " " "            |                            | 20   |        | How related<br>to deceased | Daughter |      |
| Name of person giving<br>Information | Annie Keltmanner |                            |  |        |                            |          |      |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |               |                           |                 |
|---|---------------|---------------------------|-----------------|
| Primary   | Heart disease | How long                  | 6 mos.          |
| Immediate   | Heart failure | How long                  |                 |
| Are the name, age, sex, color, date<br>and place correctly given above? |               | Signature of<br>Physician | H. V. Bryant    |
|   |               | Address                   | Millersville Md |
| Accident or Suicide?  |               |                           |                 |



Name  
in  
Full

Ernest Lomax

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                            |      |               |         |            |                 |        |   |
|----------------------------|------|---------------|---------|------------|-----------------|--------|---|
| Died at                    |      | Town          |         | County     |                 | State  |   |
| Date of death              | 1903 | Month         | Dec     | Day        | 8 <sup>th</sup> | Years  | 9 |
| Age                        |      |               |         |            |                 | Months | 3 |
| Sex                        | Male | Color or Race | colored | Occupation | Birth-place     |        |   |
| Married, Single or Widowed |      |               |         |            |                 | City   |   |

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving Information

PHYSICIAN  
OR CORONER

Primary

Causes of Death

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John Ridout M.D.

Annapolis  
Md

Accident or Suicide?



Name  
in  
Full

Maggie Newman

CERTIFICATE OF DEATH

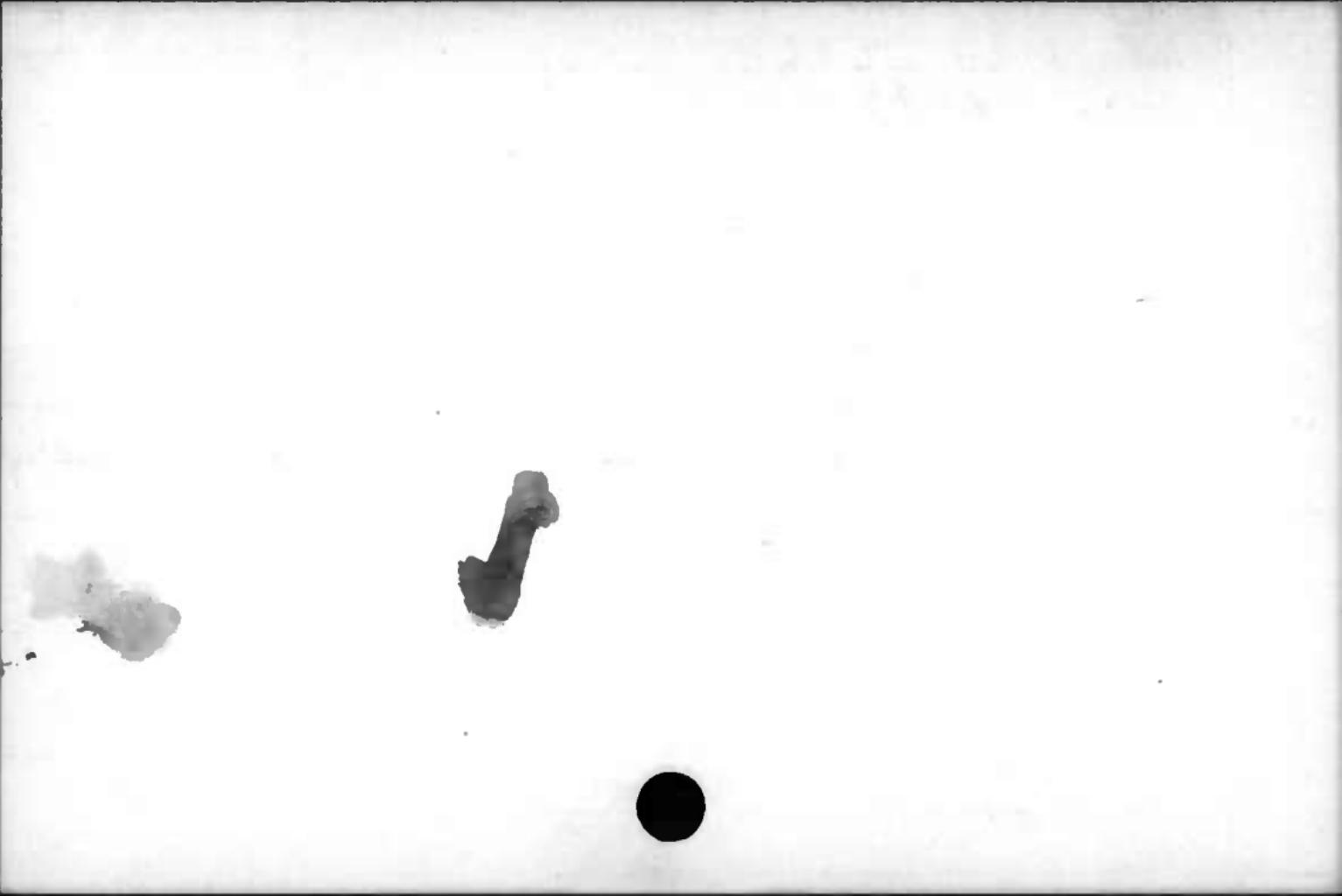
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                         |   |                         |          |             |         |  |
|-----------------------------------|-------------------------|---|-------------------------|----------|-------------|---------|--|
| Died at                           |                         | Town                                    | County                  |          | MARYLAND    |         |  |
| Date of death                     | 1903                    | Month Dec                               | Day 28                  | Years 41 | Months      | Days    |  |
| Sex                               | Female                  | Color or Race                           | white                   |          | Birth-place | Ireland |  |
| Occupation                        | Housewife               | Where Residing if not at place of death |                         |          |             |         |  |
| Married, Single<br>Widowed        | Name of Wife or Husband |   | Jas. Newman             |          |             |         |  |
| Father's Name                     | Unknown                 |   | Father's Birthplace     |          |             | Ireland |  |
| Mother's Maiden Name              | Mary Fashay             |   | Mother's Birthplace     |          |             | Ireland |  |
| Name of person giving information | Jas Newman              |   | How related to deceased |          |             | Husband |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |  |
|--|---------------------------|--|
| Primary  | How long                  |  |
| about one year   |                           |  |
| Immediate  | How long                  |  |
| about one year   |                           |  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician    |  |
| yes  | J. P. B. Fortson          |  |
| x  | Address<br>So. Balto. Md. |  |
| Accident or Suicide?   |                           |  |



Name  
in  
Full

Thomas Lee Perry.

CERTIFICATE OF DEATH

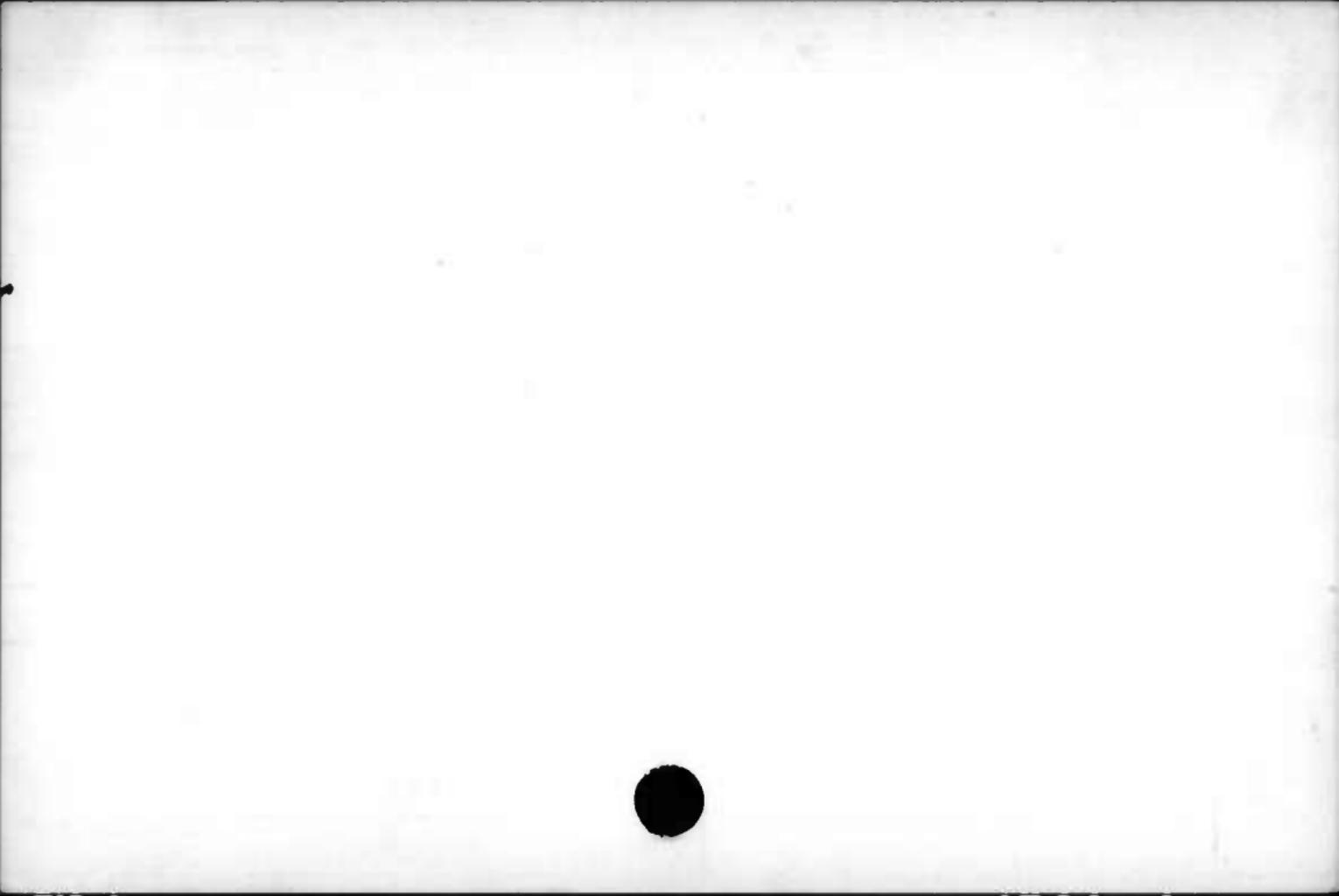
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                   |               |            |             |          |                     |                 |
|-----------------------------------|-------------------|---------------|------------|-------------|----------|---------------------|-----------------|
| Died at                           |                   | Town          | County     |             | MARYLAND |                     |                 |
| Date of death                     | 1903              | Month Dec.    | Day 29     | Years 0     | Months 7 | Days                |                 |
| Sex                               | Male              | Color or Race | White      | Birth-place |          |                     | A.A. Co. Md.    |
| Married, Single or Widowed        | Single            |               | Occupation |             |          |                     |                 |
| Name of Wife or Husband           |                   |               |            |             |          |                     |                 |
| Father's Name                     | Thomas Lee Perry  |               | 93         |             |          | Father's Birthplace | A.A. Co. Md.    |
| Mother's Maiden Name              | Elidelia Shuckles |               |            |             |          | Mother's Birthplace | Calvert Co. Md. |
| Name of person giving information | Thos. P. Wayson   |               |            |             |          |                     |                 |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |           |                        |                |
|--|-----------|------------------------|----------------|
| Primary  | Pneumonia | How long               | 1 week         |
| Immediate  |           | How long               |                |
| Are the name, age, sex, color, date and place correctly given above? | Yes       | Signature of Physician | A.H. Perry,    |
|  |           | Address                | McKendree, Md. |
| Accident or Suicide?   |           |                        |                |



Name  
in  
Full

Pindell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |   |         |             |                         |            |
|-----------------------------------|------------------|---|---------|-------------|-------------------------|------------|
| Died at                           |                  | Town                                    | County  |             | MARYLAND                |            |
| Date of death                     | 1903             | Month Dec                               | Day 30  | Years       | Months                  | Days       |
| Sex                               | Female           | Color or Race                           | Colored | Birth-place | Annapolis               |            |
| Occupation                        | —                | Where Residing if not at place of death |         |             |                         | —          |
| Married, Single or Widowed        | —                | Name of Wife or Husband                 |         |             |                         | —          |
| Father's Name                     | Benjamin Pindell |   |         |             | Father's Birthplace     | West River |
| Mother's Maiden Name              | Rachel Tyler S   |   |         |             | Mother's Birthplace     | Annapolis  |
| Name of person giving Information | Martha Brice     |   |         |             | How related to deceased | —          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |            |          |
|-----------|------------|----------|
| Primary   | Still Born | How long |
| Immediate |            | How long |

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

Address

Undertaker J. A. Adams  
Annapolis

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

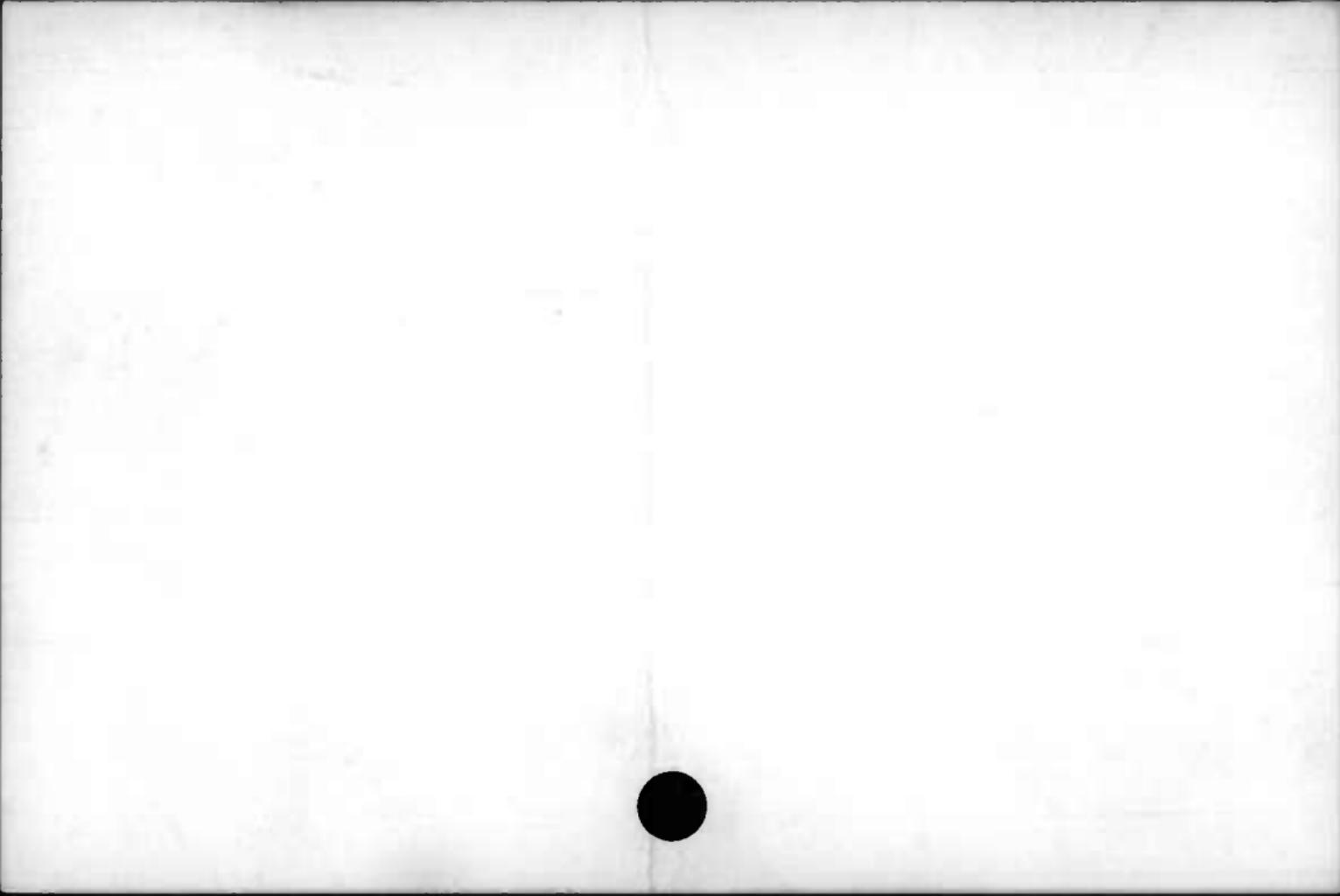
Mary Price

CERTIFICATE OF DEATH

|   |   |                         |          |          |      |
|---|---|-------------------------|----------|----------|------|
| Died at Fair Haven                            |   | County A. A.            |          | MARYLAND |      |
| Date of death 1903                            | Month Dec                               | Day 14                  | Years 80 | Months   | Days |
| Sex Female                                    | Color or Race white                     | Birth-place Hartford Co |          |          |      |
| Occupation Housewife                          | Where Residing if not at place of death |                         |          |          |      |
| Married, Single or Widowed Widower            | Name of Wife or Husband J. Robert Price | 20                      |          |          |      |
| Father's Name Sutton                          | Father's Birthplace Maryland            |                         |          |          |      |
| Mother's Maiden Name                          | Mother's Birthplace Maryland            |                         |          |          |      |
| Name of person giving information Henry Price | How related to deceased Son             |                         |          |          |      |

CAUSES OF DEATH

|  |               |                                       |                      |
|--|---------------|---------------------------------------|----------------------|
| Primary  | Blood Poison  |                                       | How long Three weeks |
| Immediate  | Heart Failure |                                       | How long             |
| Are the name, age, sex, color, date and place correctly given above? |               | Signature of Physician J. L. Brayshaw |                      |
|  |               | Address                               | Friendship M & Q     |
| Accident or Suicide?   |               |                                       |                      |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Joseph Richard Prout

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

1903

Month

Dec

Day

19

Years

66

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Calvert Co

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Susan V Prout

Father's  
Name

Richard Prout

Father's  
Birthplace

Calvert Co

Mother's  
Maiden Name

Sarah Smith

Mother's  
Birthplace

Friendship

Name of person giving  
Information

Emmett Webb

How related  
to deceased

Son in law

CAUSES OF DEATH

Primary

Aphexy

How long

Few Minutes

Immediate

Heart - Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

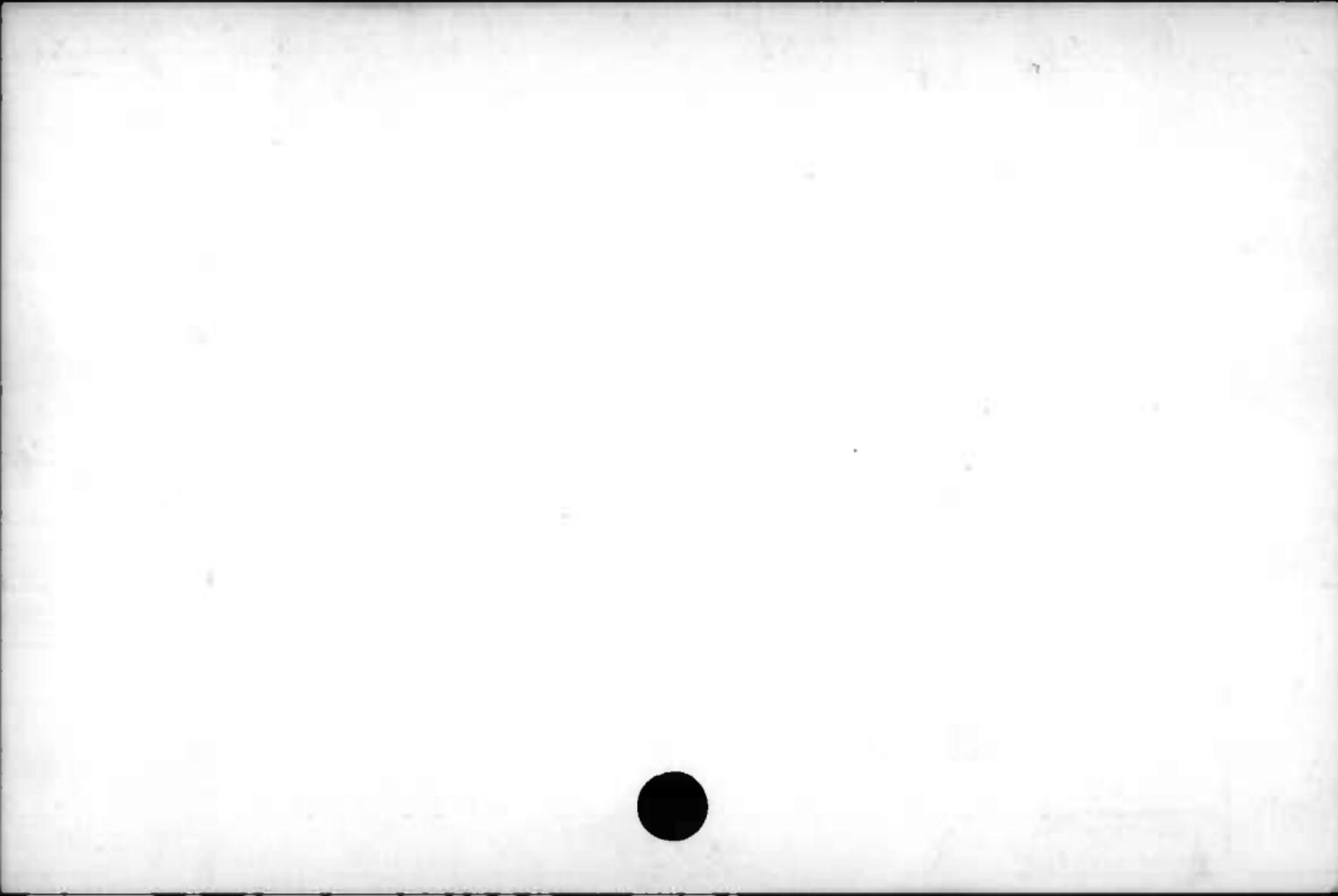
Yes

Signature of  
Physician

Address

J L Brayshaw  
Friendship  
Md

Accident or Suicide?



Name  
in  
Full

Joseph Richardson

CERTIFICATE OF DEATH

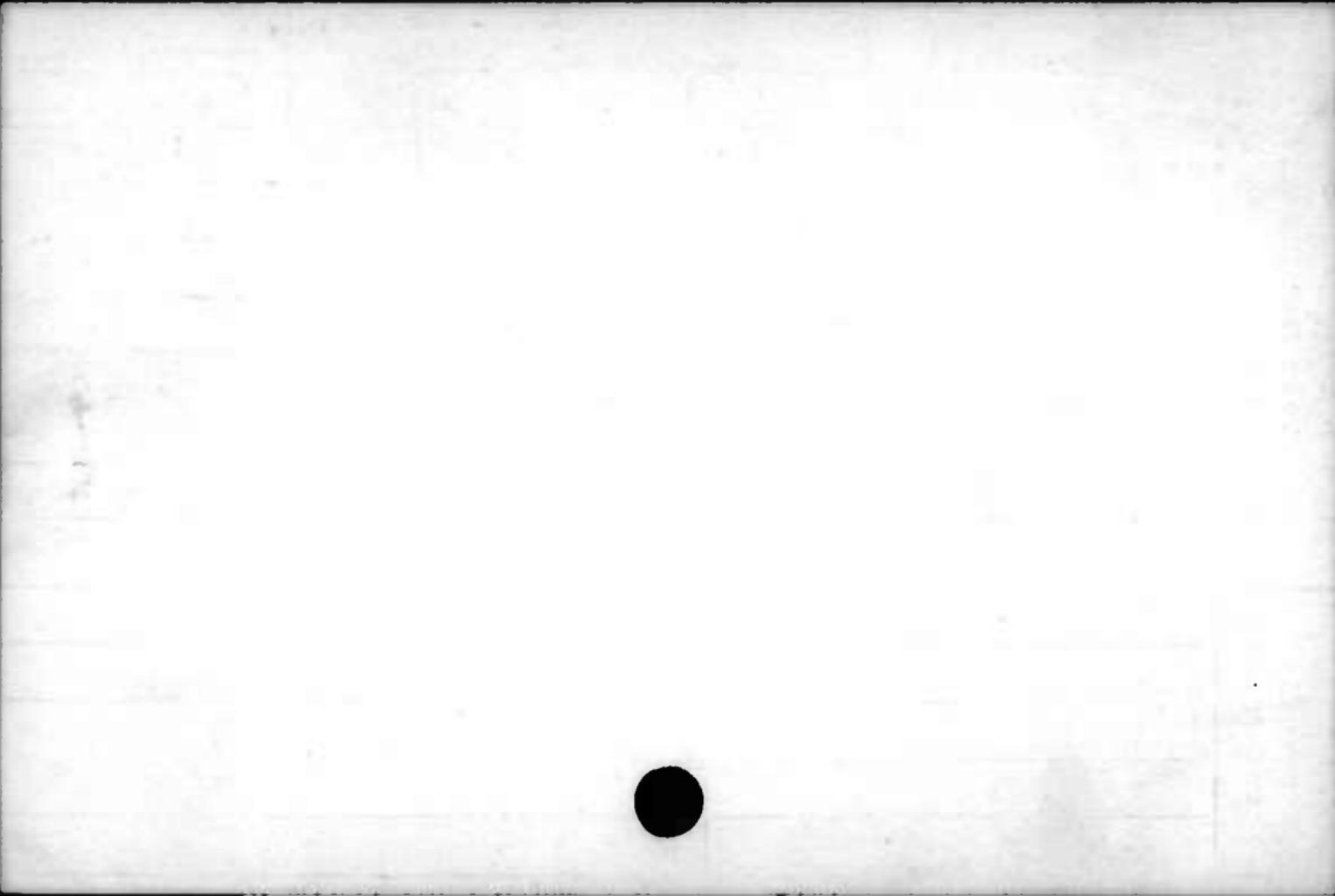
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                          |               |            |             |           |  |   |
|-----------------------------------|--------------------------|---------------|------------|-------------|-----------|--|---|
| Died at                           | Town                     |               | County     |             | MARYLAND  |  |   |
| Date of death 1903                | Month                    | Day           | Years      | Months      | Days      |  | 6 |
| Sex                               | Male                     | Color or Race | Colored    | Birth-place | Annapolis |  |   |
| Married, Single or Widowed        | Single                   |               | Occupation | 106.        |           |  |   |
| Name of Wife or Husband           | <u>Harriet Baily</u>     |               |            |             |           |  |   |
| Father's Name                     | <u>Harley Richardson</u> |               |            |             |           |  |   |
| Mother's Maiden Name              | <u>Harriet Baily</u>     |               |            |             |           |  |   |
| Name of person giving information | <u>Harriet Baily</u>     |               |            |             |           |  |   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |  |                             |               |
|--|------------------------|--|-----------------------------|---------------|
| Primary  | <u>Enteric Colitis</u> |  | How long                    | <u>4 days</u> |
| Immediate  | <u>Convulsions</u>     |  | How long                    | <u>4 days</u> |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician<br>Inventor J. A. Adams |                             |               |
|  |                        | Address  | <u>34 Calvert St. Bldg.</u> |               |
| Accident or Suicide?   |                        | <u>Invited by Annapolis Md</u>                 |                             |               |



Name  
in  
Full

Hennetta Sargeant

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                      |                  |                      |                 |                            |      |
|--------------------------------------|------------------|----------------------|-----------------|----------------------------|------|
| Died at                              | Town             | County               | MARYLAND        |                            |      |
| Date<br>of death 1903                | Month Dec        | Day 19 <sup>th</sup> | Years 65        | Months                     | Days |
| Sex Female                           | Color or<br>Race | Occupation           | Birth-<br>place | Md.                        |      |
| Married, Single<br>or Widowed        | Married          |                      |                 | book                       |      |
| Name of<br>Husband                   | Lester Sargeant  |                      |                 | Md.                        |      |
| Father's<br>Name                     | Unknown          |                      |                 | Father's<br>Birthplace     | Md.  |
| Mother's<br>Maiden Name              | Unknown          |                      |                 | Mother's<br>Birthplace     | Md.  |
| Name of person giving<br>Information | Son-in law       |                      |                 | How related<br>to deceased |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Influenza How long

Immediate Typhoid Pneumonia How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

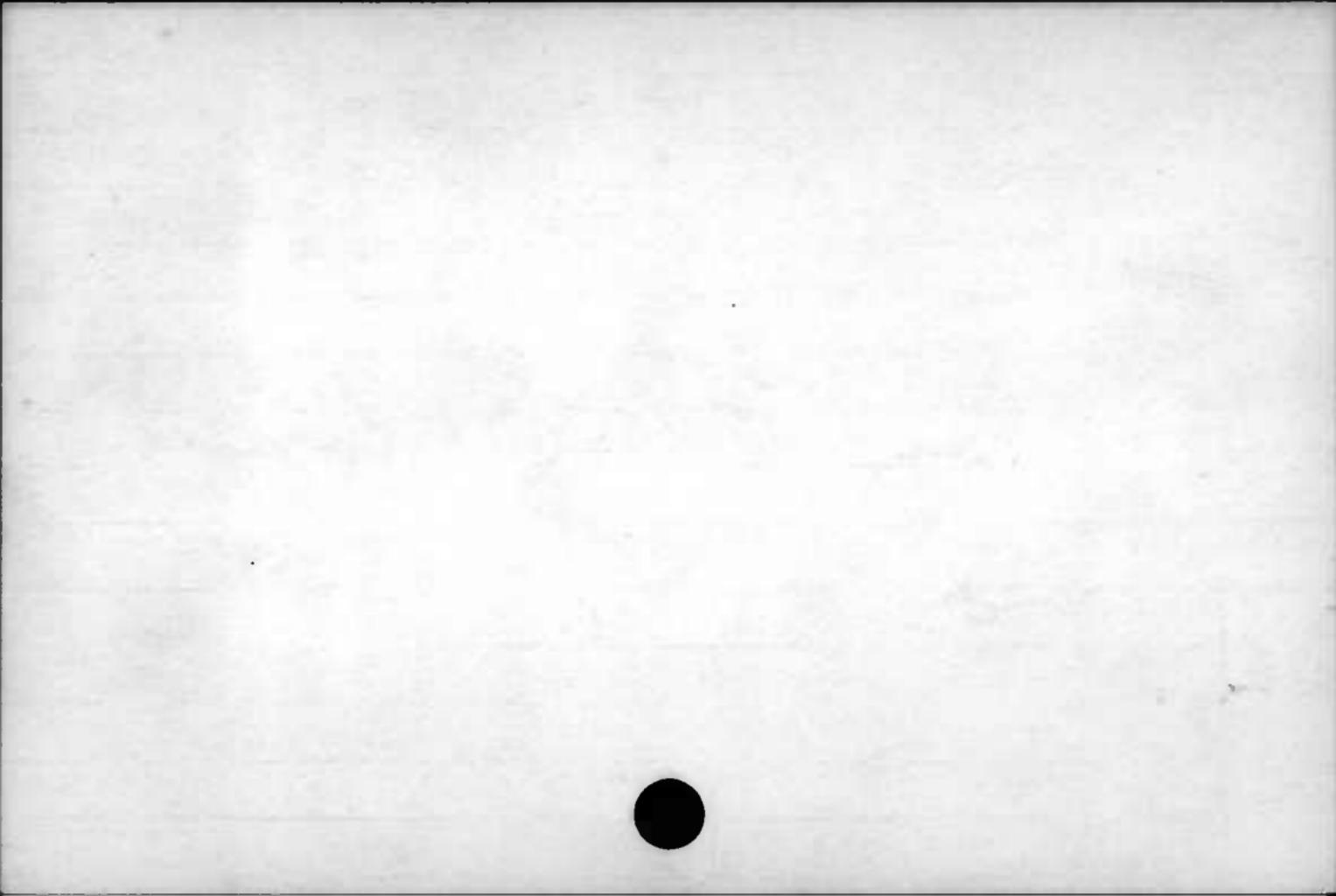
Address

yes

John Ridout M.D.

Annapolis  
Md.

Accident or Suicide?



Name  
in  
Full

Elizabeth Sass

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |                           |                              |                |                                      |      |
|--|---------------------------|------------------------------|----------------|--------------------------------------|------|
| Died at  | Town<br>Baltimore         | County<br>a a                | MARYLAND       |                                      |      |
| Date<br>of death 1903                              | Month<br>Dec              | Day<br>22                    | Years<br>Age 6 | Months                               | Days |
| Sex<br>Female                                      | Color or<br>Race<br>White | Birth-<br>place<br>Baltimore |                |                                      |      |
| Married, Single<br>or Widowed                      | Occupation                |                              |                |                                      |      |
| Name of Wife or<br>Husband                         |                           |                              |                |                                      |      |
| Father's<br>Name<br>James Sass                     | 16                        |                              |                | Father's<br>Birthplace<br>Baltimore  |      |
| Mother's<br>Maiden Name<br>Elizabeth Warren        |                           |                              |                | Mother's<br>Birthplace<br>Baltimore  |      |
| Name of person giving<br>Information<br>James Sass |                           |                              |                | How related<br>to deceased<br>Father |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate  
Burned

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

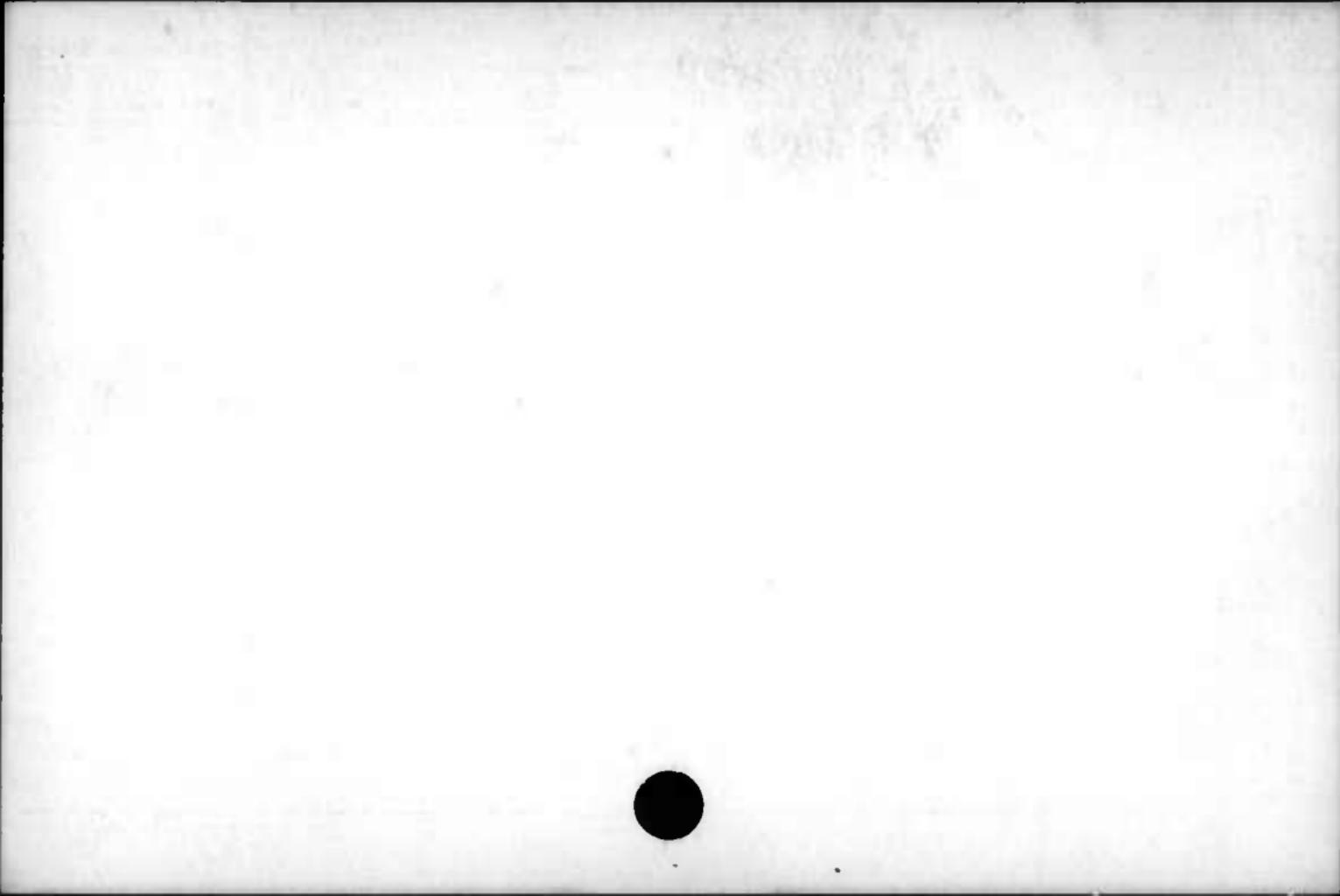
Thomas W. Bradshaw

Address

Glen Burnie

Accident or Suicide?

Accident



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hazel Smith Scars

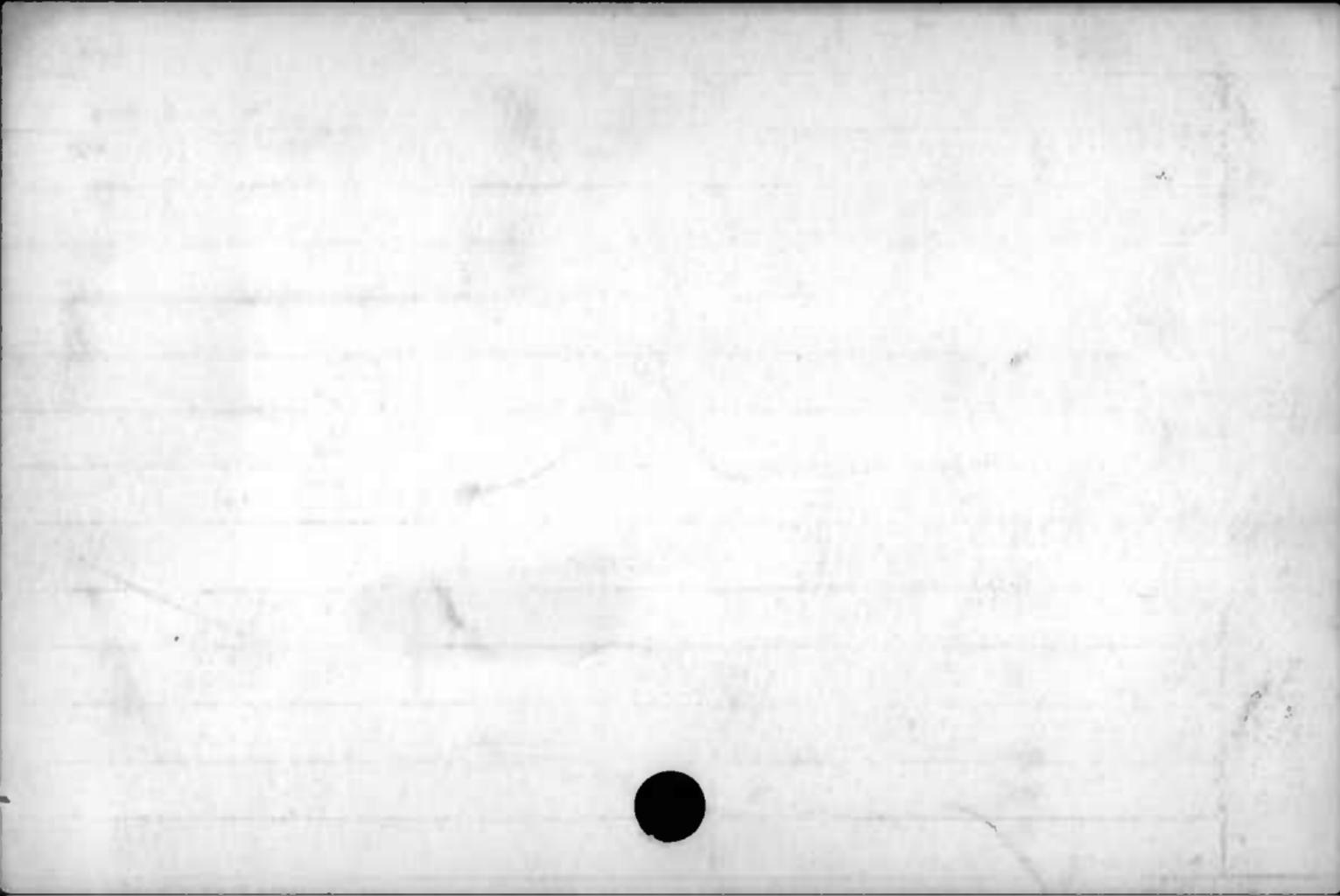
CERTIFICATE OF DEATH

MARYLAND

|  |                            |                         |       |            |   |                            |  |
|--|----------------------------|-------------------------|-------|------------|---|----------------------------|--|
| Died at <i>Bethel's</i>                              |                            | Town <i>A.A.</i> County |       |            |   |                            |  |
| Date of death 1903                                   | Month Dec                  | Day 27                  | Years | Age        | Months                                  | Days                       |  |
| Sex <i>Female</i>                                    | Color or Race <i>White</i> |                         |       |            |   | Birth-place <i>Pa. Co.</i> |  |
| Married, Single or Widowed                           |                            |                         |       | Occupation |   |                            |  |
| Name of Wife or Husband                              |                            |                         |       |            |   |                            |  |
| Father's Name <i>Benj W. Scars</i>                   |                            |                         |       | 106        | Father's Birthplace <i>Albion</i>       |                            |  |
| Mother's Maiden Name <i>Olivia Smith</i>             |                            |                         |       |            | Mother's Birthplace <i>Pa. Co.</i>      |                            |  |
| Name of person giving Information <i>J. T. Smith</i> |                            |                         |       |            | How related to deceased <i>Daughter</i> |                            |  |

CAUSES OF DEATH

|  |  |
|--|--|
| Primary <i>Improper Food</i>   | How long <i>—</i>  |
| Immediate <i>Acute Enteritis</i>   | How long <i>5 days</i>   |
| Are the name, age, sex, color, date and place correctly given above?<br><i>yes</i> | Signature of Physician <i>Scarsell S. Neophem</i><br>Address <i>Amesboro Md.</i> |
| Accident or Suicide?   |  |



Name  
in  
Full

Rose Scimone

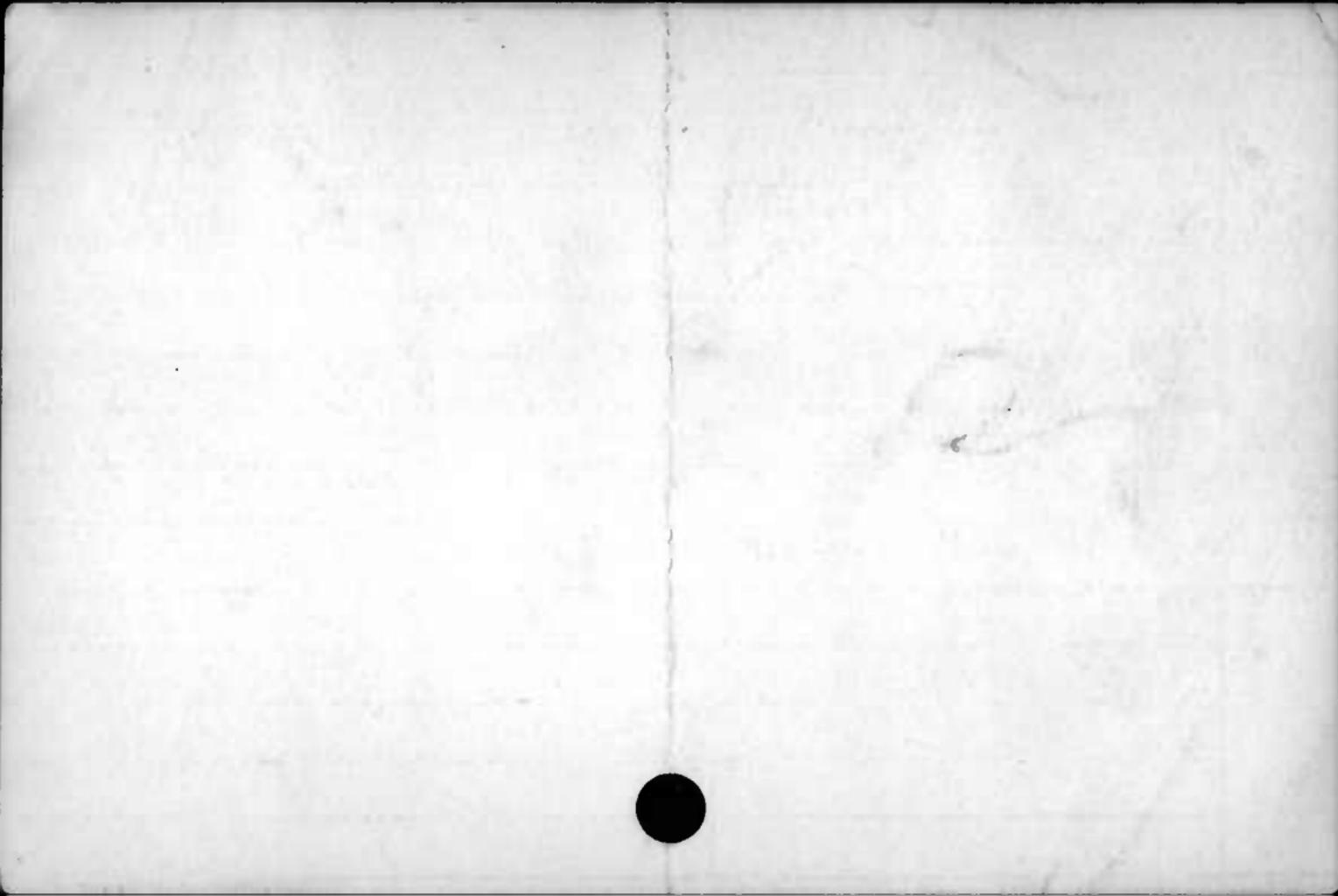
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |             |               |            |                         |          |  |  |
|-----------------------------------|-------------|---------------|------------|-------------------------|----------|--|--|
| Died at                           |             | Town          | County     |                         | MARYLAND |  |  |
| Date of death 1905                | Month       | Day           | Years      | Months                  | Days     |  |  |
|                                   | Dec         | 12            | Age        | 5                       | 7        |  |  |
| Sex                               | Female      | Color or Race | Colored    | Birth-place             | Maryland |  |  |
| Married, Single or Widowed        |             |               | Occupation |                         |          |  |  |
| Name of Wife or Husband           |             |               |            |                         |          |  |  |
| Father's Name                     | Mrs Scimone |               |            | Father's Birthplace     | Md       |  |  |
| Mother's Maiden Name              | Mary Dunn   |               |            | Mother's Birthplace     | Md       |  |  |
| Name of person giving information | Mrs Scimone |               |            | How related to deceased | Mother   |  |  |

CAUSES OF DEATH

|  |             |                        |                     |
|--|-------------|------------------------|---------------------|
| PHYSICIAN<br>OR CORONER  | Primary     | How long               |                     |
|  | Convulsions | 3 days                 |                     |
| Immediate  | How long    |                        |                     |
| Are the name, age, sex, color, date and place correctly given above? | Yes         | Signature of Physician | Dr. Harrison Tongue |
|  |             | Address                | Elbridge            |
| Accident or Suicide?   |             |                        | M.d.                |



Name  
in  
Full

× Silmer Leland Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                    |       |                            |                         |               |                         |
|--------------------------------------|--------------------|-------|----------------------------|-------------------------|---------------|-------------------------|
| Died at <u>Near Glen Burnie</u> Town |                    |       | <u>Anne Arundel</u> County |                         | MARYLAND      |                         |
| Date of death 1903                   | Month Dec          | Day 8 | Years                      | Months                  | 11            | Days                    |
| Sex male                             | Color or Race      |       | White                      |                         | Birth-place   | <u>near Glen Burnie</u> |
| Married, Single or Widowed           | Occupation         |       |                            |                         |               |                         |
| Name of Wife or Husband              |                    |       |                            |                         |               |                         |
| Father's Name                        | <u>James Smith</u> |       |                            | Father's Birthplace     | <u>A A Co</u> |                         |
| Mother's Maiden Name                 | <u>Olivia Tuck</u> |       |                            | Mother's Birthplace     | <u>A A Co</u> |                         |
| Name of person giving Information    | <u>James Smith</u> |       |                            | How related to deceased | <u>Father</u> |                         |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

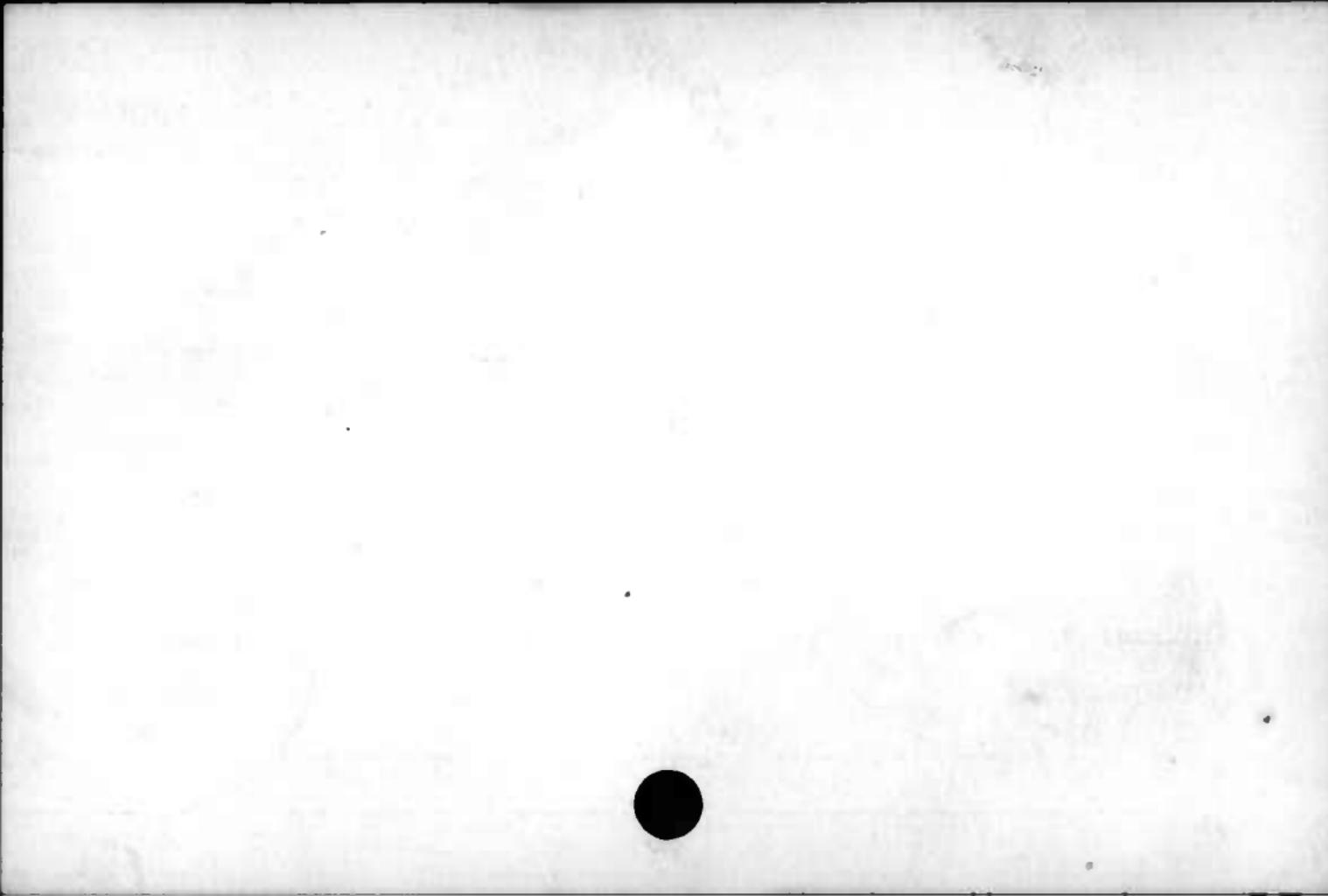
Yes

Signature of Physician

Address

Thomas H. Grayshaw  
Glen Burnie

Accident or Suicide?



Name  
in  
Full

Pearl Stephney

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |                  |     |            |                 |          |  |
|--------------------------------------|------------------|-----|------------|-----------------|----------|--|
| Died at                              | Town             |     | County     |                 | MARYLAND |  |
| Date<br>of death 1903                | Month            | Day | Years      | Months          | Days     |  |
| Sex                                  | Color or<br>Race | Age | Occupation | Birth-<br>place |          |  |
| Married, Sing'le<br>or Widowed       | Female Colored   |     |            |                 |          |  |
| Name of Wife or<br>Husband           | Wm Stephney b/   |     |            |                 |          |  |
| Father's<br>Name                     | Wm Stephney b/   |     |            |                 |          |  |
| Mother's<br>Maiden Name              | Mary Brown       |     |            |                 |          |  |
| Name of person giving<br>Information | Father           |     |            |                 |          |  |
| CAUSES OF DEATH                      |                  |     |            |                 |          |  |
| Primary                              | Dentition        |     |            | How long        | Several  |  |
| Immediate                            | Meningitis       |     |            | How long        | days     |  |

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

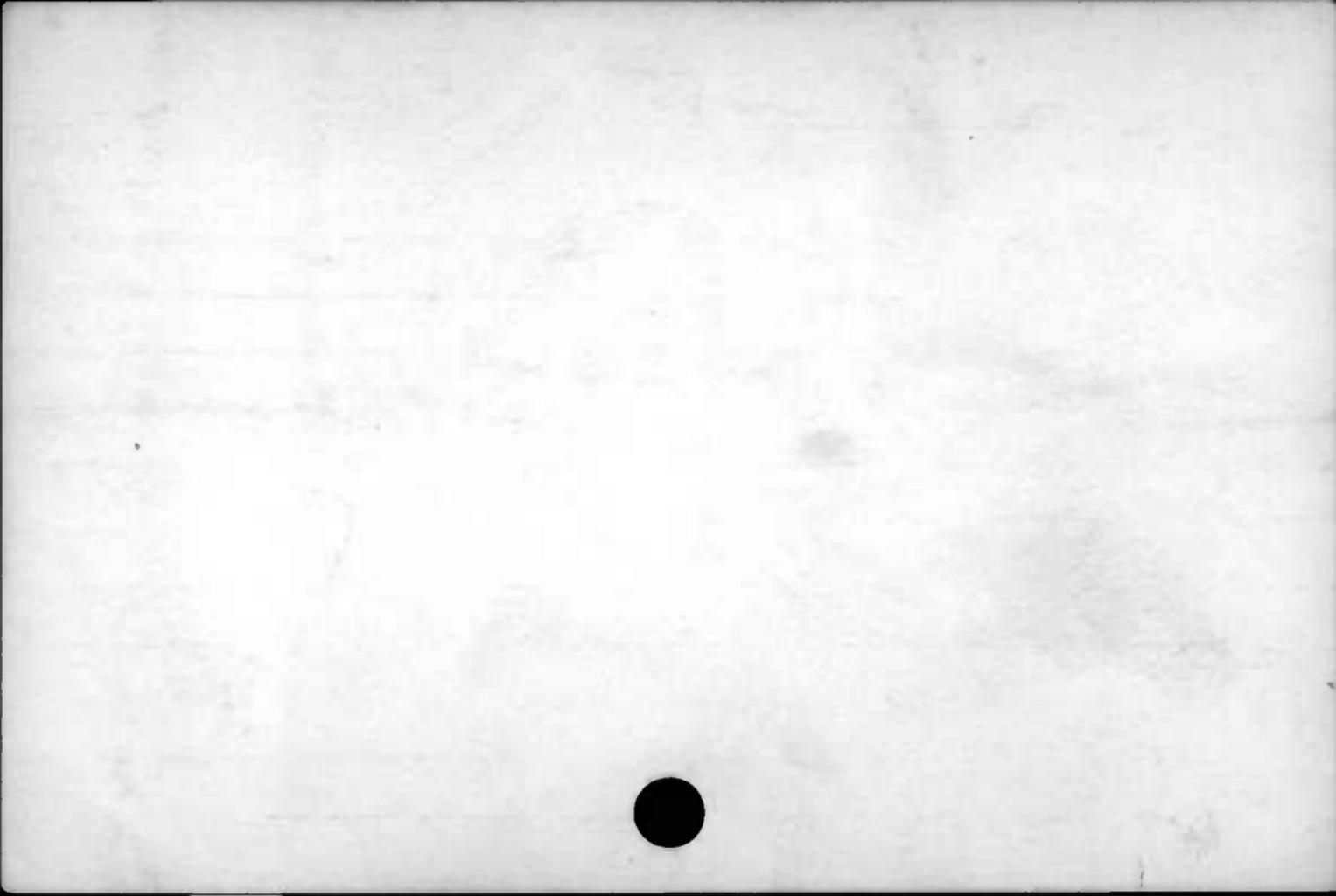
yes

Signature of  
Physician

Address

John Ridout  
Annapolis  
Md

Accident or Suicide?



Name  
in  
Full

Ges. H. Oliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |                          |           |                       |                            |      |  |
|--|--|--------------------------|-----------|-----------------------|----------------------------|------|--|
| Died at                                  |  | Town                     | County    |                       | MARYLAND                   |      |  |
| Date<br>of death 1903                    | Month<br>Dec   | Day<br>15                | Age<br>74 | Years                 | Months                     | Days |  |
| Sex<br>Male                              | Color or<br>Race<br>colored  | Occupation<br>Bricklayer |           | Birth-<br>place<br>Md |                            |      |  |
| Married, Single<br>or Widowed<br>Widower |  |                          |           |                       |                            |      |  |
| Name of Wife or<br>Husband<br>—          |  |                          |           |                       |                            |      |  |
| Father's<br>Name<br>—                    |  |                          |           |                       | Father's<br>Birthplace     |      |  |
| Mother's<br>Maiden Name<br>—             | — Can get no history <sup>of family</sup> <span style="position: absolute; left: 600px; top: 50px;">2</span> |                          |           |                       | Mother's<br>Birthplace     |      |  |
| Name of person giving<br>Information     |  |                          |           |                       | How related<br>to deceased |      |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |   |
|--|---|
| Primary<br>Bright's Disease  | How long<br>2 yrs                               |
| Immediate<br>Pulmonary Edema   | How long<br>3 days                              |
| Are the name, age, sex, color, date<br>and place correctly given above?<br>Yes | Signature of<br>Physician<br>Ges. T. Drury M.D. |
|  | Address<br>Churchton<br>Md                      |
| Accident or Suicide?   |   |



Name  
in  
Full

Amelia Wells

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |        |                         |   |                         |             |      |
|-----------------------------------|--------|-------------------------|---|-------------------------|-------------|------|
| Died at                           |        | Town                    | County                                  |                         | MARYLAND    |      |
| Date of death                     | 1903   | Month Decem             | Day 26                                  | Years 40                | Months      | Days |
| Sex                               | Female | Color or Race           | White                                   |                         | Birth-place | Md.  |
| Occupation                        |        |                         | Where Residing if not at place of death |                         |             |      |
| Married, Single or Widowed        |        | Name of Wife or Husband |   | — Wells                 |             |      |
| Father's Name                     |        |                         |   | Father's Birthplace     |             |      |
| Mother's Maiden Name              |        | Wells                   |   | Mother's Birthplace     |             |      |
| Name of person giving information |        | Son - 15 yrs. old       |   | How related to deceased |             |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Consumption

How long  
1 year

Immediate

How long

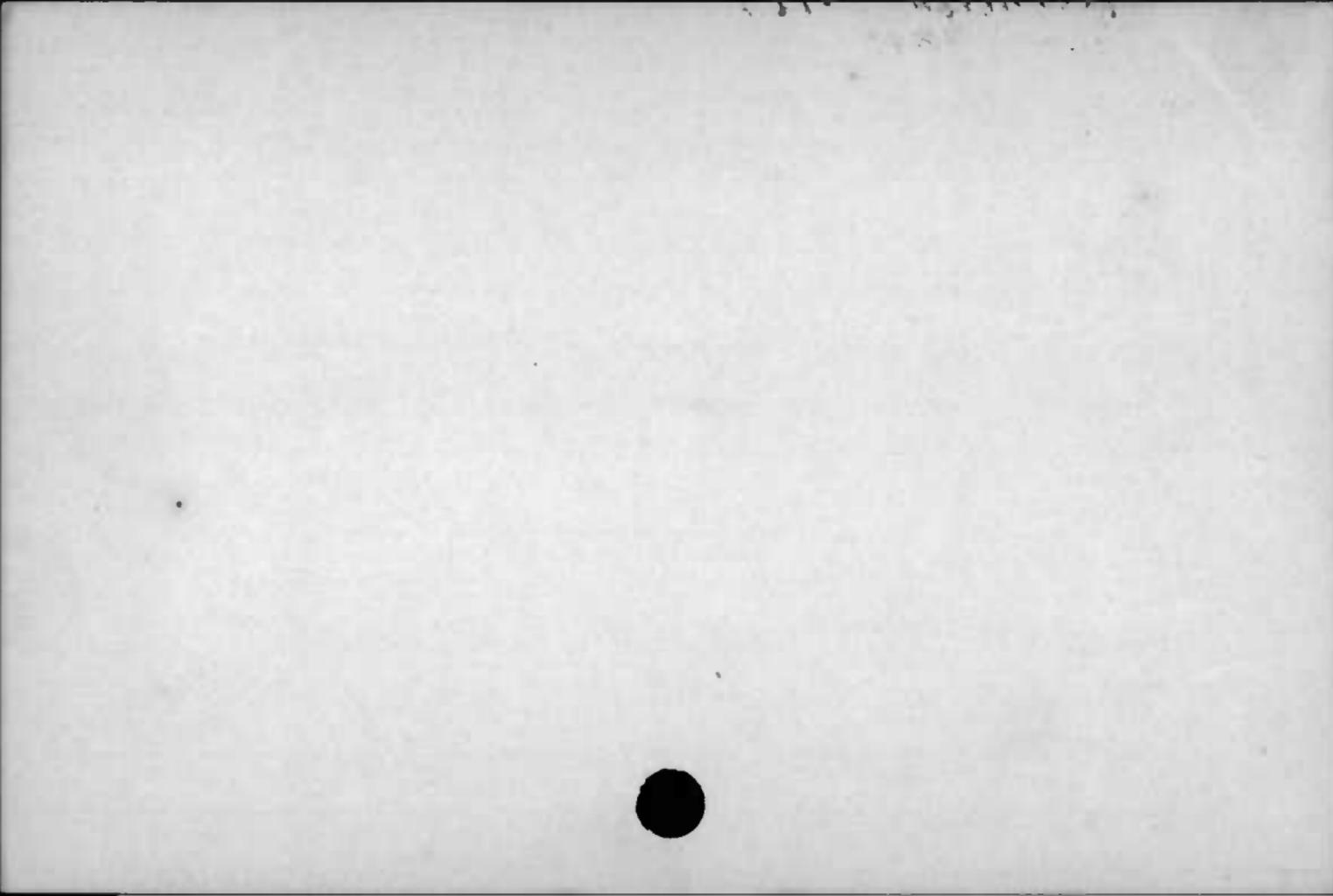
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

None - said to be for for months

Accident or Suicide?



Name  
in  
Full

Areanna Wells

CERTIFICATE OF DEATH

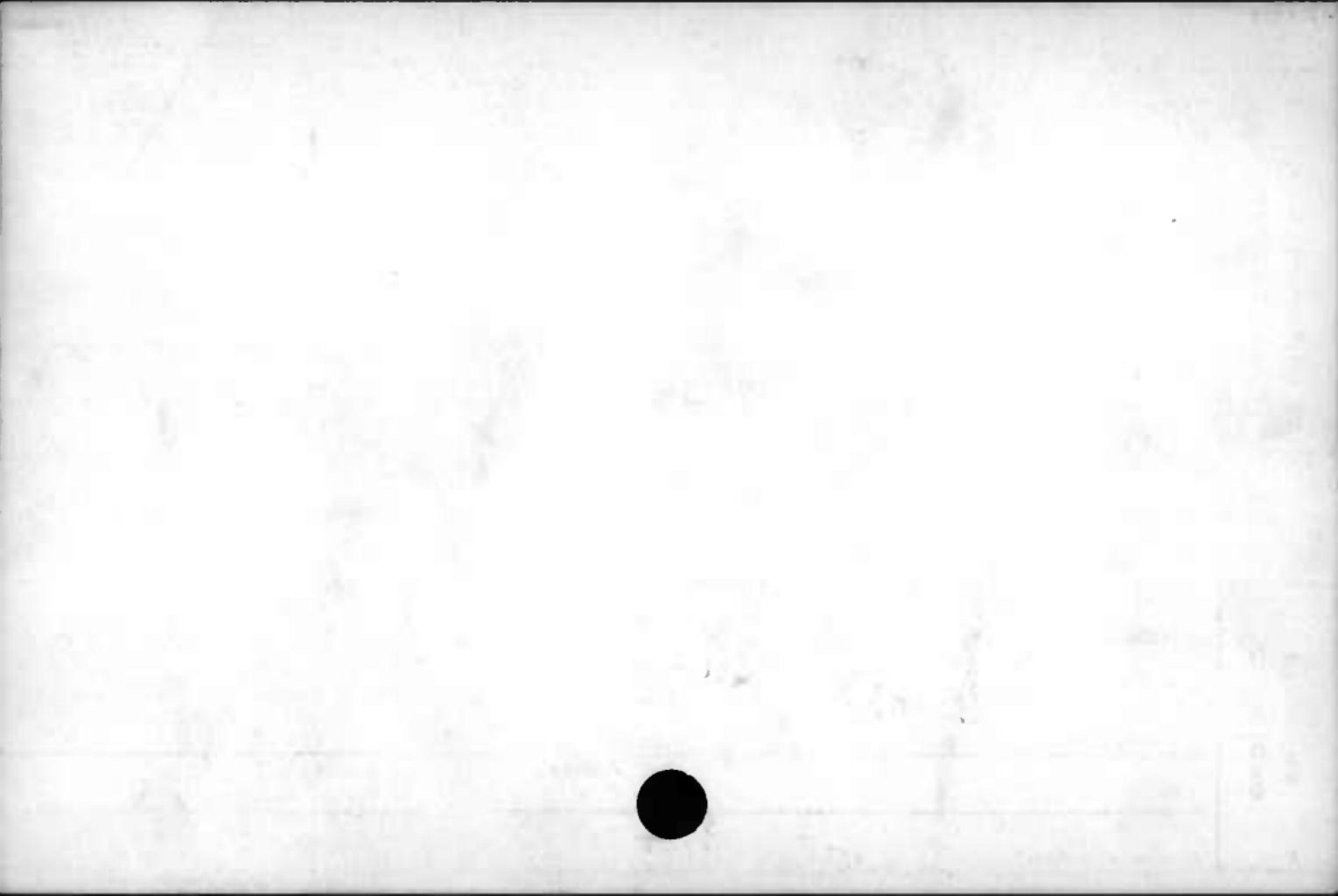
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |            |        |                         |               |         |  |
|-----------------------------------|------------------|------------|--------|-------------------------|---------------|---------|--|
| Died at                           |                  | Town       | County |                         | MARYLAND      |         |  |
| Date of death 1903                | Month Dec        | Day 21     | Age 75 | Years                   | Months 8      | Days 11 |  |
| Sex Female                        | Color or Race    | Colored    |        | Birth-place             | a. a. Co. Md. |         |  |
| Married, Single or Widowed        | Occupation       | Widow      |        | Housewife               |               |         |  |
| Name of Wife or Husband           |                  | John Wells |        |                         |               |         |  |
| Father's Name                     | Charles Phillips | 3          |        | Father's Birthplace     | a. a. Co. Md. |         |  |
| Mother's Maiden Name              | Charity Parker   | 4          |        | Mother's Birthplace     | a. a. Co. Md. |         |  |
| Name of person giving Information | Margaret Allen   |            |        | How related to deceased | Daughter      |         |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                      |                        |                                   |             |
|--|----------------------|------------------------|-----------------------------------|-------------|
| Primary  | Cancer of the Breast |                        | How long                          | 9 yrs       |
| Immediate  | Exhaustion           |                        | How long                          | Three weeks |
| Are the name, age, sex, color, date and place correctly given above? | Yes                  | Signature of Physician | William Bishop                    |             |
| <i>X</i> Yes   |                      | Address                | 14 Church Circle<br>Annapolis Md. |             |
| Accident or Suicide?   |                      |                        |                                   |             |



Name  
in  
Full

Charles Yerechek

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |  |               |       |       |        |
|---|--|---------------|-------|-------|--------|
| Died at <u>Frank Blattbush</u> of <u>Anne Arundel</u> <span style="float: right;">MARYLAND</span> |  |               |       |       |        |
| Died at   | Town   | Month         | Day   | Years | Months |
| Date of death   | 1903   | Dec           | 12    | 77    | 3      |
| Sex   | Male   | Color or Race | white |       |        |
| Occupation  | Laborer  |               |       |       |        |
| Married, Single or Widowed  | Where Residing if not at place of death<br>90. Balt. St. Co. |               |       |       |        |
| Father's Name   | Catchek  |               |       |       |        |
| Mother's Maiden Name  | " 2  |               |       |       |        |
| Name of person giving information   |  |               |       |       |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis

How long  
2 years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. W. Subchausky

Address

126 So. Eden St  
Baltimore

Accident or Suicide?

Copied from Baltic Sea-blank  
by J. T. Galvin & Anna S. S.